

ATTACHMENT 1 of 2

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # 655214**1. Entity Name
DOM'S CADILLAC SERVICE CENTER AND BODY SHOP,
INC.

Principal Place of Business

6039 NW 7TH AVE
MIAMI, FL 33127

Mailing Address

6039 NW 7TH AVE
MIAMI, FL 33127**DO NOT WRITE IN THIS SPACE**

07092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2142726Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**RUSSO, DOMINICK & IRENE
3300 NE 191 STREET
1101
AVENTURA, FL 33180**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RUSSO, DOMINICK
STREET ADDRESS	3300 NE 191 ST., 1101
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VD
NAME	RUSSO, IRENE
STREET ADDRESS	3300 NE 191 ST., STE 1101
CITY-ST-ZIP	AVENTURA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955135
07/16/08-80004-010 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/08 305 757-3998