2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM Secretary of State

DOCUMENT	# 709111
1 Entity Name	

Entity Name
 DOM, INC.



Principal Place of Business

9401 BISCAYNE BLVD MIAMI SHORES, FL 33138 Mailing Address

9401 BISCAYNE BLVD MIAMI SHORES, FL 33138



DO NOT WRITE IN THIS SPACE

01092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-0865839

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK 110 MERRICK WAY CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

CONAL GABLES, PL 33134				IN THIS SPACE			
the obligat	named entity submits this statement for the ions of registered agent	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signal			required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan- Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRE SD HENNESSEY, WILLIAM 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL PD VAUGHAN, JOHN J. 9401 BISCAYNE BLVD MIAMI SHORES FL 00000,	ECTORS			U00000591249 01/19/07-80015-007 61.25		
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	VD SOUCKAR, MICHAEL 9401 BISCAYNE BLVD. MIAMI, FL 33138				NOT WRITE THIS SPACE		
TITLE							

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 617, 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.

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STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND

1. Voujan

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

305-757-6241

Daytıma Phone #