


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A9600001024			
1. Entity Name DOMINGUEZ, LTD.			
Principal Place of Business 7911 NOREMAC AVE. MIAMI BEACH FL 33141		Mailing Address 7911 NOREMAC AVE. MIAMI BEACH FL 33141	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0670169		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

FILED

2007 MAR -7 AM 10:38



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent DOMINGUEZ, DIMAS 7911 NOREMAC AVE. MIAMI BEACH FL 33141		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	DOMINGUEZ, DIMAS		
STREET ADDRESS	7911 NOREMAC AVE.	CITY ST ZIP	
CITY-ST-ZIP	MIAMI BEACH FL 33141		
DOCUMENT #	NAME	STREET ADDRESS	
	DOMINGUEZ, CELSO		
STREET ADDRESS	7933 NOREMAC AVE.	CITY ST ZIP	
CITY-ST-ZIP	MIAMI BEACH FL 33141		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY ST ZIP	
CITY-ST-ZIP			
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CITY-ST-ZIP			
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STREET ADDRESS		CITY ST ZIP	
CITY-ST-ZIP			

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Dimas Dominguez* DATE: 2/28/07 DAYTIME PHONE #: (305) 864-4380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE