

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A96000001024
1. Entity Name
DOMINGUEZ, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 15 PM 12:07

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 #
Suite, Apt. #, etc.
City & State

3. Mailing Address:
Suite, Apt. #, etc.
City & State

1st MOORE CR2E003 (10/07)

4. FEI Number: 65-0670169
Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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 date if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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	
	MIAMI BEACH FL 33141		
DOCUMENT #	NAME	STREET ADDRESS	
	DOMINGUEZ, CELSO		
STREET ADDRESS	7933 NOREMAC AVE.	CITY-ST-ZIP	
	MIAMI BEACH FL 33141		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

500123502405
04/15/08 01010 014 **526.25

BLT

STAPLE CHECK HERE

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 3/30/08 (305) 864-4380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE (Date of Filing)