

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000005727

1. Entity Name  
DOMINICAN COMMUNICATIONS CORP.



Principal Place of Business  
C/O EMIL MANFREDONIA  
2 BENNETT AVE., 3RD FLOOR  
NEW YORK, NY 10033

Mailing Address  
C/O EMIL MANFREDONIA  
2 BENNETT AVE., 3RD FLOOR  
NEW YORK, NY 10033



**DO NOT WRITE IN THIS SPACE**

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
13-3742123

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000229459

02-11-05 00070 022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
RAMOS, ELENO  
2 BENNETT AVENUE, 3RD FLOOR  
NEW YORK, NY 10033

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ZEPKA, RODGER  
2 BENNETT AVENUE, 3RD FLOOR  
NEW YORK, NY 10033

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

ELENO RAMOS

02-01-05 (212) 928-4400

Date Daytime Phone #