2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G54790 Feb 20, 2007 08:00 AM 1. Entity Namo **Secretary of State** DOMA CORPORATION Principal Place of Business Mailing Address 4218 SW 9TH ST. MIAMI FL 33134 4218 SW 9TH ST. MIAMI FL 33134 2. Principal Place of Businoss - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2317235 Not Applicable Zın Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DOMANYI, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) **4218 SW 9 STREET** MIAMI FL 33134 City 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 Signature, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP HILE Delete Change Addition шпг U00000641774 DOMANYI, ALEXANDER NAME NAME 03/01/07-80014-010 150.00 4218 S.W. 9 ST. STREET ADDRESS STREET LADDRESS **MIAMI FL 33134** CHY-SI-ZIP CHY-S1-7P VP Addition ntet ☐ Delete Change GATI, IVAN 2525 PINETREE DRIVE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ■ Addition SZARVAF, ILONA IREN NAME NAME SHIELL ADDRESS 4218 SSW 9 ST. STREET LADORESS CHY-SI-ZIP MIAMI FL 33134 CITY - S1 - 7IP 11111 Delete шц ☐ Change ■ Addition NAMI NAMÉ STITLE ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7IP Delete Addition ☐ Change NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE IIILE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-ZIP I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

Date

Daytime Phone #

FILED