

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12821

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: HENRY DOMBROSKI ENTERPRISES, INC.

## Current Principal Place of Business:

5000 N OCEAN BLVD  
Q 208  
BRINY BREEZES, FL 33435

## New Principal Place of Business:

5000 N OCEAN BLVD  
Q 208  
BRINY BREEZES, FL 33435 US

## Current Mailing Address:

5000 N OCEAN BLVD  
Q 208  
BRINY BREEZES, FL 33435

## New Mailing Address:

5000 N OCEAN BLVD  
Q 208  
BRINY BREEZES, FL 33435 US

FEI Number: 59-2668883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCONVILLE, VERONICA  
2 GRANGE PL  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DOMBROSKI, HENRY F  
Address: 5000 N OCEAN BLVD Q208  
City-St-Zip: BRINY BREEZES, FL 33435

Title: STD ( ) Delete  
Name: DOMBROSKI, MARGARET A.  
Address: 5000 N OCEAN BLVD Q208  
City-St-Zip: BRINY BREEZES, FL 33435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DOMBROSKI, HENRY F  
Address: 5000 N OCEAN BLVD Q208  
City-St-Zip: BRINY BREEZES, FL 33435 US

Title: STD (X) Change ( ) Addition  
Name: DOMBROSKI, MARGARET A.  
Address: 5000 N OCEAN BLVD Q208  
City-St-Zip: BRINY BREEZES, FL 33435 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET DOMBROSKI

STD

04/19/2009

Electronic Signature of Signing Officer or Director

Date