


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K79257</b> 1. Entity Name DOMIATI & MOURTADA, INC.	
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Principal Place of Business RITE WAY FOOD MARKET 13 SE 11TH AVE. POMPANO BCH., FL 33060 US	Mailing Address RITE WAY FOOD MARKET 13 SE 11TH AVE. POMPANO BCH., FL 33060 US
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02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0111310	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DOMIATI, JAMAL 13 SE 11TH AVE POMPANO BEACH, FL 33060
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOMIATI, JAMAL 13 SE 11TH AVE. POMPANO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORTADA, HAMDAD 13 SE 11TH AVE. POMPANO BCH. FL
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02/28/06-80007-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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

✓ 02/13/06 ✓ 954-786-8865  
Date Daytime Phone