

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089873

Entity Name: DOMIDOT, LLC

FILED  
Feb 05, 2005  
Secretary of State

**Current Principal Place of Business:**

681 NW 101 TERRACE  
PLANTATION, FL 33334 BR

**New Principal Place of Business:**

**Current Mailing Address:**

681 NW 101 TERRACE  
PLANTATION, FL 33334 BR

**New Mailing Address:**

FEI Number: 27-0111540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABELLO, OSCAR J  
681 NW 101 TERRACE  
PLANTATION, FL 33324 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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ABELLO, OSCAR J  
Address: 681 NW 101 TERRACE  
City-St-Zip: PLANTATION, FL 33324

Title: MGRM ( ) Delete  
Name: LIMARDO, JOSE  
Address: 1641 SORRENTO DR.  
City-St-Zip: WESTON,, FL 33326

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: PUGA, JORGE A  
Address: 10957 SW 70 TERRACE  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OSCAR J. ABELLO

MRGM

02/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date