2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L18581

1. Entity Name
DOMBROSKI BROTHERS, INC.

FILED
07 FEB -2 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5000 N OCEAN BLVD. Q208 BRINY BREEZE, FL 33435 US	5000 N OCEAN BLVD. Q208 BRINY BREEZE, FL 33435 US

01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0158526
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOMBROSKI, BRENDA W
1447 W JENNINGS ST.
LANTANA, FL 33462

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000618575
02/08/07-80035-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOMBROSKI, MARGARET
STREET ADDRESS	5000 N OCEAN BLVD. Q208
CITY-ST-ZIP	BRINY BREEZE, FL 33435
TITLE	D
NAME	DOMBROSKI, HENRY F
STREET ADDRESS	5000 N OCEAN BLVD, Q208
CITY-ST-ZIP	BRINY BREEZES, FL 33435
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	

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: Margaret Dombroski Margaret Dombroski 1/22/07 561-278-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #