


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M34928</b> 1. Entity Name <b>FORECLOSURE INFORMATION SYSTEMS, INC.</b>	
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Principal Place of Business <b>P.O. BOX 650490 MIAMI, FL 33265-0490 US</b>	Mailing Address <b>P.O. BOX 650490 MIAMI, FL 33265-0490 US</b>
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04272008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0266477**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  <b>DOMINGUEZ, JULIAN A. JR 2405 SW 131 CT MIAMI, FL 33175</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOMINGUEZ, JULIAN A. JR P O BOX 650490 MIAMI, FL 332650490
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DOMINGUEZ, ANA M P O BOX 650490 MIAMI, FL 332650490
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U00000556094  
05/16/06-80058-005 150.00

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 807, 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.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4-23-06</b> Date _____ Daytime Phone # _____
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