2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # M46891  1. Entity Name  DOMINICAN PROMOTION INC.								Feb 20, 2004 08:00 AM Secretary of State			
Principal Place of Business Mailing Address							1				
,		•		9735 N.W. 52ND ST.			1				
9735 N.W. 52ND ST. 121				121							
MIAMI FL 33 US	3178		MIAMI FL 33178 US								
US		- 03									
2. Principal P	Place of Busin	3. Mail	3. Mailing Address								
Suite, Apt.	#, etc	Suite	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
City & State	e	City	City & State				El Number 59-2802256		oplied For of Applicable		
Zip	Country		Zıp	Zip Coun		try	<b>5.</b> C	Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current F				d Agent	7. Name and Address of New Registered Agent						
		· · · · · · · · · · · · · · · · · · ·			<del></del>	Name					
PENA, RAFAEL LEONEL 3372 N.W. 17TH AVE., MIAMI FL 33142					Street Address (P.O. Box Number is Not Acceptable)						
									<del></del>	<del></del>	
						City	FL Zip Code				
						<u> </u>					
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 if am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agont signature required when reinstating)  OATE											
F	ILE NOW!	!! FEE IS \$150.00									
After May 1, 2004 Fee will be \$550.00								<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		O May Be	
Make Check Payable to Florida Department of State								rrust Fana Contribution.	LJ Adde	d to rees	
10. ÖFFICERS AND DIRECTORS					11.	<del></del>	ΑĎ	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	ISIN 11	
TITLE	PO		-,	☐ Delete		E			Change	☐ Addition	
NAME	PENA, RAFAEL L				IE.	U00000059905 U2X23/04-80018-011 150.00					
STREET ADDRESS	•									ET ADDRESS	
CITY - ST- ZIP	MIAMI FL	33178			CITY	-ST-ZIP					
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City-St-Zip		/h				-ST-ZIP	_				
12. Thereby	certify that th	e information supplied w	uth this filing	does not qualify fo	or the exe	emption stated in S	ection	119.07(3)(i), Florida Statutes. I furthe	er certify that the	information	
12. I hereby certify that the information supplied with this filling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplimental 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 triffice 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											

**FILED**