## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Apr 16, 2007 08:00 A Secretary of State

D(	C	UM	ENT	# 1	<b>V</b> 14	-68	91

1. Entity Name

DOMINICAN PROMOTION INC.



Principal Place of Business

9737 NW 41 ST

STE 166 DORAL, FL 33178 US Mailing Address

9737 NW 41 ST

STE 166

DORAL, FL 33178



01272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2802256

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, RA 9737 NW 4 STE 166 DORAL, F			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the plions of registered agent.	purpose of changing its registered o	office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Age	3 Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fin. Trust Fund Contribution			g 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	CTORS					
NAME STREET ADDRESS CITY-SI-ZIP	PENA, RAFAEL L 9735 N.W. 52 STREET, #121 MIAMI, FL 33178						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000712233 04/26/07-80039-021 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing ages not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied the higher 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 referver or trattee 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 an other like empowered.

SIGNATURE:

CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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