

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90055 028 ***150.00

DOCUMENT # M59956 1. Entity Name DOMANI KRIZZIA, INC.			
Principal Place of Business 777 NW 72 AVE 2C2 MIAMI, FL 33126 US		Mailing Address 777 NW 72 AVE 2BB19 2C2 MIAMI, FL 33126 US	
2. Principal Place of Business - No P.O. Box # 777 NW 72 Avenue		3. Mailing Address 777 NW 72 Avenue	
Suite, Apt. #, etc. Suite 2088		Suite, Apt. #, etc. Suite 2088	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33126	Country US	Zip 33126	Country US
4. FEI Number 65-0007833		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA BURGALASSI, ROBERTO 777 NW 72ND AVE., 2C2 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!!, Fee is \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	NAME BURGALASSI, ROBERTO G	<input type="checkbox"/> Delete	
STREET ADDRESS 13801 NW 22ND PL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME GUERRA, ANA M	<input type="checkbox"/> Delete	
STREET ADDRESS 13801 N.W. 22 PLACE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		Date President 2/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-261-2824	