ANNUAL REPORT (AR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

DOCUMENT # M93711 **FILED** Feb 08, 2006 08:00 AM DOMENECH MANUFACTURING, INC. **Secretary of State** Principal Place of Business Mailing Address 7105 S.W. 47 ST UNIT 409 7105 S.W. 47 ST **UNIT 409 MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 65-0061863 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOMENECH, OLGA Street Address (P.O. Box Number is Not Acceptable) 7105 SW 47TH ST **UNIT 409 MIAMI FL 33155** City Zip Code 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 Ognature. Typed or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change ☐ Additi NAME VIGIL, OLGA D. NAME STREET ADDRESS STREET ADDRESS 6711 SW 94 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL VD TILLE ☐ Delete THUE Change Addition U00000425169 NAME DOMENECH, OLGA NAME 02/18/06-80081-023 150.00 STREET ADDRESS 9411 SW 70TH TERR STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP MIAMI FL 33173-2452 ☐ Change - Additi TITLE 🔲 Delete TiTLE NAME NAME DOMENECH, JUAN SR STREET ADDRESS STREET ADDRESS 9144 SW 70TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173-2462 Change Change IIILE ☐ Delete TITLE Addition VIGIL, OLGA DOMENECH NAME NAME 6711 S.W. 94TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change TIRE ☐ Delete TITLE Addin. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - 7IF TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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