

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001678

1. Entity Name
**DOMINICAN INTERNATIONAL CHAMBER OF
COMMERCE OF FLORIDA, INC.**



Principal Place of Business
**135 S W 22ND AVENUE
MIAMI, FL 33135**

Mailing Address
**135 S W 22ND AVENUE
MIAMI, FL 33135**



04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085013	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEGURA, YUNIS
135 S W 22ND AVENUE
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

U00000145316
05/03/04-80021-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SEGURA, YUNIS 135 S W 22ND AVENUE MIAMI, FL 33135
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SANCHEZ, JUAN 135 S W 22ND AVENUE MIAMI, FL 33135
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARTINEZ, MILVIO 135 S W 22ND AVENUE MIAMI, FL 33135
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANCHEZ, EDUARDO 135 S W 22ND AVENUE MIAMI, FL 33135
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

Daytime Phone #