

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010276

FILED
Jul 31, 2006
Secretary of State

Entity Name: DOMINICANOS UNIDOS DE KISSIMMEE CORP

Current Principal Place of Business:

606 EAST VINE ST
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

606 EAST VINE ST
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 20-3583375 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ASTACIO, ERCILIO
606 EAST VINE STREET
KISSIMMEE, FL 34744 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASTACIO, ERCILIO
Address: 606 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: V () Delete
Name: MEDINA, EZEQUIEL
Address: 606 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: SOLIS, ALFREDO
Address: 606 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: ROSARIO, VALENTIN
Address: 606 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: ALCANTARA, YEUDIS
Address: 606 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: ROSARIO, GISSEL
Address: 606 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTACIO ERCILIO

P

07/31/2006

Electronic Signature of Signing Officer or Director

Date