

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90194 040 \*\*\*150.00

DOCUMENT # P01000070163

1. Entity Name  
DOMECSA INTERNATIONAL SERVICES, INC.



Principal Place of Business  
15121 SW 46TH STREET  
MIRAMAR, FL 33027

Mailing Address  
P O BOX 669293  
MIAMI, FL 33166

40063330



2. Principal Place of Business

3. Mailing Address  
PO. BOX 2260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222006 Chg-P CR2E034 (11/05)

City & State

City & State  
LOT2, FLORIDA

4. FEI Number  
65-1122137

Applied For  
Not Applicable

Zip

Country

Zip

Country

33548

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDO, CALDERON  
832 NW 134 AVE  
PEMBROKE PINES, FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, 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**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CALDERON, FERNANADO  
STREET ADDRESS 832 NW 134 AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D ☐ Delete  
NAME BRAVO, SANDRA  
STREET ADDRESS 15121 SW 46TH STREET  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE D ☐ Delete  
NAME BRAVO, HOMERO  
STREET ADDRESS 15121 SW 46TH STREET  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE D ☐ Delete  
NAME RAMIREZ, FREDDY  
STREET ADDRESS 15121 SW 46TH STREET  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO CALDERON

04/13/06

Date

305-335-8486

Daytime Phone #