2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2004 08:00 AM Secretary of State **DOCUMENT # P02000036542** 1. Entity Name DOMINTER, CORP Mailing Address Principal Place of Business 10390 SW 154TH CIRCLE, CT 10390 SW 154TH CIRCLE, CT #72 MIAMI, FL 33196 MIAMI, FL 33196 CR2E034 (10/03) 02202004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1154141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LANTIGUA, WILLIAM DO NOT WRITE 2290 NW 28TH ST SUITE E IN THIS SPACE MIAMI, FL 33142 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 Jamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VILLANUEVA, JUSTO NAME U00000079227 03/08/04-80057-017 150.00 STREET ADDRESS 10390 SW 154TH CIRCLE, CT. MIAMI, FL 33196 CITY - ST - ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MANUF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

NAME STREET ACCRESS CTTY-ST-ZIP

> newor TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED