2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

Mar 29, 2004 8:00 am DOCUMENT # P02000047025 **Secretary of State** 1. Entity Name 03-29-2004 90065 023 ***150.00 DOMINGUEZ CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 3782 MIL-RUN CT 3782 MIL-RUN CT 94038178 GREENACRES, FL 33463 GREENACRES, FL 33463 2. Principal Place of Business 3. Mailing Address 4564 Haverhill Road 4564 Haverhill Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Wonth -ake Lake 04-3655276 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOMINGUEZ, RIGOBERTO Street Address (P.O. Box Number is Not Acceptable) 4564 Haver hill 3782 MIL-RUN CT GREENACRES, FL 33463 Zip Code 33461 Lake Worth 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change ☐ Addition DOMINGUEZ, RIGOBERTO NAME Haverhill 4564 STREET ADDRESS 3782 MIL-RUN CT STREET ADDRESS GREENACRES, FL 33463 CITY-ST-ZIP Worth, FL 33461 CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TIT! F ☐ Delete TITI E ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 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 eath; 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

FILED