
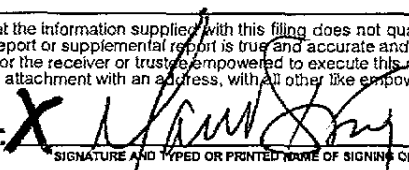


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000060657 1. Entity Name MARIO DOMINGUEZ, P.A.		
Principal Place of Business 4840 SW 301 TERRACE SOUTHWEST RANCHES, FL 33028	Mailing Address 4840 SW 301 TERRACE SOUTHWEST RANCHES, FL 33028	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DOMINGUEZ, MARIO L 4840 SW 301 TERRACE SOUTHWEST RANCHES, FL 33332		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 _____ (NOTE: Registered Agent signature required when reissuing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, MARIO L 4840 SW 301 TERRACE SOUTHWEST RANCHES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, CARIDAD E 4840 SW 301 TERRACE SOUTHWEST RANCHES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 		Date 4/27/06 Daytime Phone # _____



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0712498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/15/06-80040-004 150.00