

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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



04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0712498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000928610

05/21/08-80035-012 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE  
IN THIS SPACE**

TITLE D  
NAME DOMINGUEZ, MARIO L  
STREET ADDRESS 4840 SW 301 TERRACE  
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33028

TITLE D  
NAME DOMINGUEZ, CARIDAD E  
STREET ADDRESS 4840 SW 301 TERRACE  
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO L. DOMINGUEZ

Date

Daytime Phone #

(954)  
205-4603