

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90141 023 ***150.00

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1. Entity Name

MONDOM GROUP, INC.



Principal Place of Business

11631 SW 10 ST
PEMBROKE PINES FL 33025

Mailing Address

11631 SW 10 ST
PEMBROKE PINES FL 33025



2. Principal Place of Business

435 East Key Lime SQ.

3. Mailing Address

435 East Key Lime SQ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

VERO BEACH FL.

City & State

VERO BEACH FL.

4. FEI Number

27-0029268

Applied For

Not Applicable

Zip

32968

Country

USA

Zip

32968

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DOMPLOWSKI, MONICA R
11631 SW 10 ST
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name **MONICA R. Dompkowski**

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

435 East Key Lime SQ

City **VERO BEACH**

FL

Zip Code

32968

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. **MONICA R. Dompkowski**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DOMPLOWSKI, MINICA R**
STREET ADDRESS **11631 SW 10 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VD** ☐ Delete
NAME **DOMPLOWSKI, RICHARD J**
STREET ADDRESS **11631 SW 10 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VS** ☐ Delete
NAME **LONGERBEAM, MICHELE**
STREET ADDRESS **11631 SW 10 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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.

MONICA R. Dompkowski

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05

Date

954-260-3650

Daytime Phone #