


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084042	
1. Entity Name DOMINICIS CORPORATION, INC	

Principal Place of Business 610 COLORADO PLACE #60 ALTAMONTE SPG, FL 32714	Mailing Address 610 COLORADO PLACE #60 ALTAMONTE SPG, FL 32714
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04212004 No Chg-P CR2E034 (10/03)


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4. FEI Number 74-3059038	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE DOMINICIS, VERONICA 610 COLORADO PLACE #60 ALTAMONTE SPG, FL 32714

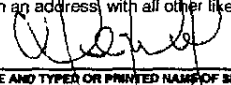
DO NOT WRITE IN THIS SPACE

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  VERONICA De Dominicis B.	DATE 04/20/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000129383 04/26/04-30027-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE DOMINICIS BARRIOS, VERONICA 610 COLORADO PLACE #60 ALTAMONTE SOG, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DE DOMINICIS M, ALFREDO 610 COLORADO PLACE #60 ALTAMONTE SPG, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GABALDON PIGNA, JUAN J 825 BRICKELL BAY DR #841 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE DOMINICIS BARRIOS, PATRICIA 610 COLORADO PLACE #60 ALTAMONTE, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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.	
SIGNATURE:  VERONICA De Dominicis B.	DATE 04/20/04 DAYTIME PHONE # 4077725545
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	