

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000084042

FILED  
Jul 24, 2003  
Secretary of State

Entity Name: DOMINICIS CORPORATION, INC

## Current Principal Place of Business:

610 COLORADO PLACE  
#60  
ALTAMONTE SPG, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

610 COLORADO PLACE  
#60  
ALTAMONTE SPG, FL 32714

## New Mailing Address:

FEI Number: 74-3059038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DE DOMINICIS, VERONICA  
610 COLORADO PLACE  
#60  
ALTAMONTE SPG, FL 32714

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DE DOMINICIS BARRIOS, VERONICA  
Address: 610 COLORADO PLACE #60  
City-St-Zip: ALTAMONTE SOG, FL 32714

Title: V ( ) Delete  
Name: DE DOMINICIS M, ALFREDO  
Address: 610 COLORADO PLACE #60  
City-St-Zip: ALTAMONTE SPG, FL 32714

Title: D ( ) Delete  
Name: DE DOMINICIS BARRIOS, PATRICIA  
Address: 610 COLORADO PLACE #60  
City-St-Zip: ALTAMONTE SPG, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GABALDON PIGNA, JUAN J  
Address: 825 BRICKELL BAY DR #841  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Change (X) Addition  
Name: DE DOMINICIS BARRIOS, PATRICIA  
Address: 610 COLORADO PLACE #60  
City-St-Zip: ALTAMONTE, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA DOMINICIS

P

07/24/2003

Electronic Signature of Signing Officer or Director

Date