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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -5 PM 4: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085979	
1. Entity Name DAMINAN, CORP	

DO NOT WRITE IN THIS SPACE

300024918323
11/21/03--01019--007 **150.00

DO NOT WRITE IN THIS SPACE

03

2. Principal Place of Business 10415 S.W. 7 ST		3. Mailing Address	
Suite, Apt. #, etc. Miami, FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33174	Country	Zip	Country

4. FEI Number 04-3718803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name DAMIAN ROSETE	
Street Address (P.O. Box Number is Not Acceptable) 10415 S.W. 7 ST	
City Miami	FL Zip Code 33174

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

REINSTATEMENT

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAMIAN ROSETE 10415 S.W. 7 ST Miami, FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Fulgencio Rosete 10415 S.W. 7 ST Miami, FL 33174	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)


2012

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that on December 08 2002 we change our address but the U.B.R. for the year 2003 was never received or any other notice from the Division of Corporations in respect with my Corporation **DAMINAN CORP**

Thank you for your courtesy in this matter.



DAMIAN ROSETE
PRESIDENT