


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90003 032 ***150.00

DOCUMENT # P02000099686	
1. Entity Name DINOHOST INC.	

Principal Place of Business 14954 SW 74 TER MIAMI, FL 33193 US	Mailing Address 14954 SW 74 TER MIAMI, FL 33193 US
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54056957



2. Principal Place of Business 6241 SW 78 ST. Suite, Apt. #, etc. #110	3. Mailing Address 6241 S.W. 78 ST. Suite, Apt. #, etc. #110
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33143 Country USA	Zip 33143 Country USA

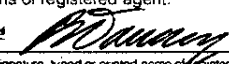
06022004 Chg-P CR2E034 (10/03)

4. FEI Number 22-3872393	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 DOMINGUEZ, RAFAEL M 14954 SW 74 TER MIAMI, FL 33193	
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7. Name and Address of New Registered Agent Name DOMINGUEZ, RAFAEL M. Street Address (P.O. Box Number is Not Acceptable) 6241 S.W. 78 ST. #110 City MIAMI FL Zip Code 33143	
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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  RAFAEL M. DOMINGUEZ DATE 6/3/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOMINGUEZ, RAFAEL M 14954 SW 74 TER MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME - CEO SAME - DOMINGUEZ, RAFAEL M. 6241 SW 78 ST. #110 MIAMI, FL. 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMINGUEZ, PAULA A 14954 SW 74 TER MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME - VP SAME - DOMINGUEZ, PAULA A. 6241 SW 78 ST. #110 MIAMI, FL. 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  RAFAEL M. DOMINGUEZ DATE 6/3/04 DAYTIME PHONE # 305-926-8928 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	