



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90117 032 ***150.00

DOCUMENT # P03000041830 1. Entity Name DOM'S SERVICE CENTER, INC.					
Principal Place of Business 917 N DIXIE HWY HALLANDALE, FL 33009				Mailing Address 917 N DIXIE HWY HALLANDALE, FL 33009	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 223592 Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. Fee Number 65-0312438	
Zip 33022-3592		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTALDI, BARBARA 2243 SE 10 STREET POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <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 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		\$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.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME MONTALDI, BARBARA STREET ADDRESS 2243 SE 10 ST CITY-ST-ZIP POMPANO BEACH, FL 33023				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u>Barbara Montaldi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7/2/04</u> (954) <u>456-4009</u> <small>Date Daytime Phone #</small>	

Attachment

MITCHELL A. SILVER & CO., P.C.
Accountants and Tax Consultants
P.O. BOX 223592
HOLLYWOOD, FLORIDA 33022-3592

44047152
#P03000041830

Mitchell A. Silver, M.S. Taxation
Enrolled to Practice Before the I.R.S.

Telephone
(954) 922-0886
Fax (954) 927-8766

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 332302-1500

RE: DOM'S SERVICE CENTER INC
917 N DIXIE HIGHWAY
HALLANDALE, FL 33062
P03000041830

7/2/04
DEAR MADAM,

I HAVE BEEN ASKED BY THE ABOVE MENTIONED TAXPAYER TO
CORRESPOND WITH THE ATTACHED ANNUAL REPORT.

WE RESPECTFULLY REQUEST ABATEMENT OF THE 400. LATE PENALTY.
THE CORPORATION WAS FORMED ON APRIL 14, 2003. WE NEVER RECEIVED
THE ANNUAL REPORT RENEWAL IN 2004. PLEASE FORGIVE US, THIS WILL
NEVER HAPPEN AGAIN.

VERY TRULY YOURS,

Mitchell A. Silver

MITCHELL A. SILVER
ACCOUNTANT