

2004 FOR PROFIT CORPORATION ANNUAL REPORT

132

DOCUMENT # **P03000045846**

1. Entity Name
Dominquez Investment, Inc.



FILED
04 DEC 13 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

2. Principal Place of Business
8579 NW 3 ST

3. Mailing Address
Same as Principal

City & State
Miami Florida

Zip
33126

Country
USA

05182004 Chg-P CR2E034 (10/03)

4. FEI Number
32-0073914

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Maria S. Dominguez

Street Address (P.O. Box Number is Not Acceptable)
8579 NW 3 ST

City
Miami

FL Zip Code
33126

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 **x Maria S. Dominguez** **Maria S. Dominguez** **12/10/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Dominguez, Maria S. 8579 NW 3 ST Miami FL 33126 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500043369835 12/13/04--01063--008 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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: **x Maria S. Dominguez** **Maria S. Dominguez** **12/10/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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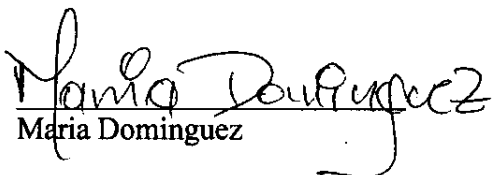
Dominguez Investment, Inc.
8579 NW 3 Street
Miami, FL 33126 - 8301

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: P03000045846

I am writing to you because I did not receive the 2004 annual report for my business. I became aware of your new change in procedures when I contacted your office. I do not recall receiving the post card alerting the annual report. I ask that you please waive the penalty and accept my renewal fee in the amount of \$150.00, since I do not have the money to pay for the penalty. I hope that you take this all into consideration.

Thanking you in advance for your cooperation with this matter,


Maria Dominguez