

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-07-2004 90116 021 ***158.75

DOCUMENT # P03000106833

1. Entity Name
INVERSIONES DOMINICANAS, INC.



Principal Place of Business
3501 W VINE ST, STE 311
KISSIMMEE, FL 34741

Mailing Address
3501 W VINE ST, STE 311
KISSIMMEE, FL 34741

24072631

2. Principal Place of Business

2901 SW. 8TH STREET SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Zip

Country

33135

DAVE

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

56-2400503

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JONATHAN D
3501 W VINE ST, STE 311
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name

JORGE V. JIMENEZ

Street Address (P.O. Box Number is Not Acceptable)

2901 SW. 8TH STREET

City

MIAMI

FL

Zip Code

33135

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

Jorge V. Jimenez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JIMENEZ, JORGE V
STREET ADDRESS P.O. BOX 310131
CITY-ST-ZIP MIAMI, FL-33231

TITLE S ☒ Delete
NAME HERNANDEZ, JONATHAN D
STREET ADDRESS 3501 W. VINE ST., #311
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2004

(305) 642-8800