

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000114904

1. Entity Name
DOMUS SOLIS, INC.



Principal Place of Business
**750 S. FEDERAL HWY
HOLLYWOOD, FL 33020**

Mailing Address
**750 S. FEDERAL HWY
HOLLYWOOD, FL 33020**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0321086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BACCHELLI, SANDRO
750 S. FEDERAL HWY
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BACCHELLI, SANDRO
STREET ADDRESS	750 S. FEDERAL HWY
CITY- ST- ZIP	HOLLYWOOD, FL 33020
TITLE	S
NAME	MOCCIA, LOUIS
STREET ADDRESS	750 S FEDERAL HWY
CITY- ST- ZIP	HOLLYWOOD, FL 33020
TITLE	V
NAME	COLEMAN, MARTIN
STREET ADDRESS	750 S FEDERAL HWY
CITY- ST- ZIP	HOLLYWOOD, FL 33020
TITLE	T
NAME	PEREZ, CHRISTOPHER
STREET ADDRESS	750 S FEDERAL HWY
CITY- ST- ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/03/05-80067-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #