


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 010 ***150.00

DOCUMENT # P0400005496
 1. Entity Name
 DOMINGUEZ-VARGAS CORPORATION



Principal Place of Business Mailing Address
~~13213 SW 263 STREET~~ ~~13213 SW 263 STREET~~
~~MIAMI, FL 33032~~ ~~MIAMI, FL 33032~~

50062941



2. Principal Place of Business 3. Mailing Address
 14040 Monroe St. 14040 Monroe St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

08112005 Chg-P CR2E034 (10/03)

City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33176 USA 33176 USA

4. FEI Number Applied For
 20-0581151 Not Applicable

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

6. Name and Address of Current Registered Agent
 DOMINGUEZ, ALFREDO
 13213 SW 263 STREET
 MIAMI, FL 33032

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 14040 Monroe Street
 City Miami FL Zip Code 33176

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: *[Signature]* DATE: 8/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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 | P | <input type="checkbox"/> Delete |
| NAME | DOMINGUEZ, ALFREDO | |
| STREET ADDRESS | 13213 SW 263 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33032 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | VARGAS, YOANDRA | |
| STREET ADDRESS | 13213 SW 263 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33032 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DOMINGUEZ, ALFREDO | |
| STREET ADDRESS | 13213 SW 263 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33032 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 14040 Monroe Street | |
| CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 14040 Monroe Street | |
| CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 14040 Monroe Street | |
| CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *[Signature]* DATE: 8/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #