


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90022 001 ***150.00
 03-27-2007 90022 002 *****8.75

DOCUMENT # P04000005496

1. Entity Name
DOMINGUEZ-VARGAS CORPORATION



Principal Place of Business Mailing Address
14040 MONROE ST **14040 MONROE ST**
MIAMI, FL 33176 **MIAMI, FL 33176**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
14040 Monroe ST **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL **MIAMI FL**

Zip Country Zip Country
33176 **Miami Dade** **33176** **FL**

03052007 Chg-P CR2E034 (12/06)


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
14040 MONROE STREET
MIAMI, FL 33176

7. Name and Address of New Registered Agent
 Name - **Alfredo Dominguez**
 Street Address (P.O. Box Number is Not Acceptable)
14040 Monroe ST
 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  **03/20/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, ALFREDO 14040 MONROE STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARGAS, YOANDRA 14040 MONROE STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **03/20/07 (786)2951195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #