


FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000021104


1. Entity Name
DOMINGUEZ ELECTRICAL, INC.



Jan 25, 2007 08:00 AM
Secretary of State

Principal Place of Business
4171 N.W. 10 TERRACE
FORT LAUDERDALE FL 33309

Mailing Address
4171 N.W. 10 TERRACE
FORT LAUDERDALE FL 33309



2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-0765362

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent
DOMINGUEZ, LUIS R
4171 N.W. 10 TERRACE
FORT LAUDERDALE FL 33309

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

PSD
DOMINGUEZ, LUIS R
4171 N.W. 10 TERRACE
FORT LAUDERDALE FL 33309

☐ Delete

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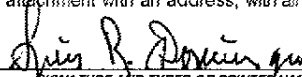
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on 1/25/07
Date

954-980-3797
Daytime Phone #