

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90108 009 ***150.00

DOCUMENT # P04000096499

1. Entity Name
DOMINICAN TOBACCO ENTERPRISES, INC.



40101536

Principal Place of Business
**2315 NW 107 AVE. 18A
BOX 53
DORAL, FL 33172**

Mailing Address
**2315 NW 107 AVE. 18A
BOX 53
DORAL, FL 33172**

2. Principal Place of Business - No P.O. Box #
147445W 139 ST
Suite, Apt. #, etc.

3. Mailing Address
147445W 139 ST
Suite, Apt. #, etc.



04262007 Chg-P CR2E034 (12/06)

City & State
MIAMI Florida
Zip
33196 Country
US

City & State
MIAMI Florida
Zip
33196 Country
US

4. FEI Number
80-0113851
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HIDALGO, RONALD
1653 N.W. 79 AVE.
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

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

147445W 139 ST
City
MIAMI FL Zip Code
33196

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 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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	HIDALGO, RONALD	
STREET ADDRESS	1653 N.W. 79 AVE.	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIDALGO, RONALD	
STREET ADDRESS	1653 N.W. 79 AVE.	
CITY-ST-ZIP	MIAMI, FL 33126	
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	147445W 139 ST	
STREET ADDRESS		
CITY-ST-ZIP	MIAMI Florida 33196	
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		
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 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: RONALD HIDALGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-07

Date

Daytime Phone #