


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90011 016 ***150.00

DOCUMENT # P04000116274		
1. Entity Name DOMINITEL EXPRESS CORP.		

Principal Place of Business 5081 SW 154 COURT MIAMI, FL 33185	Mailing Address 5081 SW 154 COURT MIAMI, FL 33185
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14019385



2. Principal Place of Business 4821 West 3 Ave.	3. Mailing Address 4821 W. 3 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08312005 Chg-P CR2E034 (10/03)

City & State Hialeah FL	City & State Hialeah FL
Zip 33012	Zip 33012
Country MIAMI-DADE	Country MIAMI-DADE

4. FEI Number 20-1505383	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SANTOS, GENARO E 4821 W. 3 AVE. HIALEAH, FL 33012	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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]	DATE 9/01/05

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, GENARO E 4821 W. 3 AVE. HIALEAH, FL 33012 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 9/01/05 DAYTIME PHONE # 786 295 7501