


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000123640</b> 1. Entity Name <b>DOMINGO &amp; ZOILA PADRON ART DEALER, INC</b>	
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Principal Place of Business <b>417 SE 4TH STREET HIALEAH, FL 33010 US</b>	Mailing Address <b>417 SE 4TH STREET HIALEAH, FL 33010 US</b>
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02272006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1562072</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>PADRON, DOMINGO R 417 SE 4TH STREET HIALEAH, FL 33010</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1100011493064  
04/15/06-80088-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PADRON, ZOILA C 417 SE 4TH STREET HIALEAH, FL 33010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PADRON, DOMINGO R 417 SE 4TH STREET HIALEAH, FL 33010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PADRON, ZOILA C 417 SE 4 STREET HIALEAH, FL 33010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PADRO, DOMINGO R 417 SE 4TH STREET HIALEAH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Zoila Padron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 305-882-8204  
Date Daytime Phone #