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May 31, 2005 8:00 am
Secretary of State
04-29-2005 90175 049 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000170814

1. Entity Name
WAKI & MAMBI-DOM, CORP

66020004

04142005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2211 NW 2ND ST MIAMI, FL 33125	2211 NW 2ND ST MIAMI, FL 33125

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 01-0825462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHEL, CARMEN
2211 NW 2ND ST
MIAMI, FL 33125

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 Carmen Michel DATE 5/24/05

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 MICHEL, CARMEN 2211 NW 2ND ST MIAMI, FL 33125 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rene L. Molina Soltero 2211 N.W. 2 Street Miami FL 33125 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rene L. Molina Soltero 2211 N.W. 2 Street Miami FL 33125 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Carmen Michel 2211 NW 2 Street Miami FL 33125 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Carmen Michel 4/28/05 (305) 642-9378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARMEN MICHEL
Carmen Michel