

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90002 007 \*\*\*150.00

**DOCUMENT # P04000170814**

1. Entity Name

WAKI & MAMBI-DOM, CORP



Principal Place of Business

2211 NW 2ND ST  
MIAMI FL 33125

Mailing Address

2211 NW 2ND ST  
MIAMI FL 33125

2. Principal Place of Business

381 East 8th Street  
Suite, Apt. #, etc.

3. Mailing Address

381 East 8th Street  
Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah, Florida

Zip

33010

Country

Dade

Zip

33010

Country

Dade

1st MOORE

CR2E034 (10/05)

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 Vice President*

4/30/06

(Signature, type the 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, 2006 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

TITLE V  
NAME MICHEL, CARMEN  
STREET ADDRESS 2211 NW 2ND ST  
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE P  
NAME MOLINA SOLTERO, RENE L  
STREET ADDRESS 2211 NW 2ND ST  
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE --  
NAME --  
STREET ADDRESS --  
CITY-ST-ZIP -- ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

*Carmen Michel Vice President*

4/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #