

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90161 001 ***300.00

DOCUMENT # P04000170814

1. Entity Name

WAKI & MAMBI-DOM, CORP



Principal Place of Business
381 EAST 8TH STREET
HIALEAH FL 33010

Mailing Address
381 EAST 8TH STREET
HIALEAH FL 33010



2. Principal Place of Business - No P.O. Box #

99 NW 27 Ave

3. Mailing Address

99 NW 27 Ave

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Miami, FL

City & State

Miami, FL

Zip

33125

Country

Dade

Zip

33125

Country

Dade

1st MOORE

CR2E034 (10/06)

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

CARMEN MICHEL

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

99 N.W. 27th Ave

Suite 202

City

Miami

FL

Zip Code

33125

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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 MICHEL, CARMEN ☒ Change ☐ Addition
NAME
STREET ADDRESS 99 NW 27 Ave #202
CITY-ST-ZIP MIAMI FL 33125

TITLE MOLINA SOLTERO, RENE L. ☒ Change ☐ Addition
NAME
STREET ADDRESS 99 NW 27 Ave #202
CITY-ST-ZIP MIAMI FL 33125

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

Date

Daytime Phone #

4/28/07 (305) 541-5552