2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 19, 2006 8:00 am
Secretary of State
05-15-2006 90038 039 ***150.00

DOCUMENT # P05000116078

1. Entity Name
Santo Domingo Store Corp.

DO NOT WRITE IN THIS SPACE

66019512

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3028 N.W. 17th Ave.	3028 N.W. 17th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33142-6159 Country: USA	Zip: 33142-6159 Country: USA

4. FEI Number: 20-3338437 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lemos, Bernardo

Street Address (P.O. Box Number is Not Acceptable): 1616 N.W. 19th Terr.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: D/P NAME: Lemos, Bernardo STREET ADDRESS: 1616 N.W. 19th Terr. CITY-ST-ZIP: Miami, FL 33125	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D/T NAME: Munoz-Lemos, Ana T. STREET ADDRESS: 1616 N.W. 19th Terr. CITY-ST-ZIP: Miami, FL 33125	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D/S NAME: Lemos, Claudia STREET ADDRESS: 1616 N.W. 19th Terr. CITY-ST-ZIP: Miami, FL 33125	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Bernardo Lemos 305-635-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF.FL32361F.1