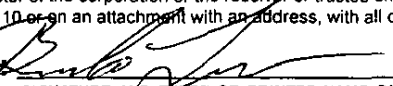


2007

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90090 008 \*\*\*150.00

<b>DOCUMENT #</b> P05000116078					
1. Entity Name Santo Domingo Store Corp.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 3028 N.W. 17th Ave. <small>Suite, Apt. #, etc.</small>			3. Mailing Address 3028 N.W. 17th Ave. <small>Suite, Apt. #, etc.</small>		
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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Lemos, Bernardo 1616 N.W. 19th Terr. Miami, FL 33125			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Munoz-Lemos, Ana T. 1616 N.W. 19th Terr. Miami, FL 33125			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Lemos, Claudia 1616 N.W. 19th Terr. Miami, FL 33125			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/30/07 305-635-4252		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		