

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90179 004 \*\*\*150.00

**DOCUMENT # P05000145491**

1. Entity Name

DOMUS LOGISTICS, INC.



Principal Place of Business

9500 S. DADELAND BLVD.  
#550  
MIAMI FL 33156

Mailing Address

9500 S. DADELAND BLVD.  
#550  
MIAMI FL 33156

2. Principal Place of Business

2000 NW 97TH AVENUE

3. Mailing Address

P.O. BOX 268090

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI, FLORIDA

City & State

FORT LAUDERDALE - FLORIDA

4. FEI Number

20-3831797

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33326

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, STEVEN  
9500 S. DADELAND BLVD.  
#550  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ROBERTO FAITH

Street Address (P.O. Box Number is Not Acceptable)  
2000 NW 97TH AVENUE

City MIAMI

FL

Zip Code

33172

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.

02/27/2006

SIGNATURE

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when constituting)

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 P  
NAME FAITH, ROBERTO ☐ Delete  
STREET ADDRESS 142 DOCKSIDE CIRCLE  
CITY-ST-ZIP WESTON FL 33327

TITLE VS  
NAME FAITH, LUCY ☐ Delete  
STREET ADDRESS 142 DOCKSIDE CIRCLE  
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/2006

Date

(305) 332-9793

Daytime Phone #