

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000156241

1. Entity Name
AMERI-DOMINICAN, INC.



Principal Place of Business
**17830 NE 10TH AVE
N MIAMI BEACH, FL 33162**

Mailing Address
**17830 NE 10TH AVE
N MIAMI BEACH, FL 33162**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0807605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DE FILLIPO, KENNETH A
17830 NE 10TH AVE
N. MIAMI BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DE FILLIPO, KENNETH A
STREET ADDRESS	17830 NE 10TH AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 33162

TITLE	VP
NAME	DE FILLIPO, ANTHONY F
STREET ADDRESS	17830 NE 10TH AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 33162

TITLE	VP
NAME	LARRALDE, CHRISTINA
STREET ADDRESS	17830 NE 10TH AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 33162

TITLE	ST
NAME	DE FILLIPO, JERRY ANN
STREET ADDRESS	17830 NE 10TH AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 33162

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/07/08-80002-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

1/4/08 305-496 6649
Date Daytime Phone #