2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050885

Entity Name: JLAND W DOMINGHEZ ENTERPRISE INC.

FILED Apr 28, 2009 Secretary of State

	07445 44 1	SOMMODEL ENTERN MOE,			
Current Principal Place of Business:			New Principal	New Principal Place of Business:	
10630 SW 157 COURT #202 MIAMI, FL 33196				15222 SW 115 TERRACE MIAMI, FL 33196	
Current Mailing Address:			New Mailing A	New Mailing Address:	
10630 SW MIAMI, FL	157 COURT #2 33196	202			
FEI Number:	20-4470177	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Add				ress of New Registered Agent:	
DOMINGU 10630 SW MIAMI, FL	EZ, WILSON 157 COURT #2 33196 US	202			
	named entity su e of Florida.	ubmits this statement for the p	ourpose of changing its reg	istered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () [DOMINGUEZ, JE 10630 SW 157 C MIAMI, FL 3319	OURT #202	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVT () I DOMINGUEZ, W 10630 SW 157 C MIAMI, FL 3319	OURT #202	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINGUEZ WILSON DVT 04/28/2009