

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152608

FILED
Apr 30, 2009
Secretary of State

Entity Name: EL CUBANITO DOMINO, INC.

Current Principal Place of Business:

9500 NW 79 AVE.
SUITE 7
HIALEAH GARDENS, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

9500 NW 79 AVE.
SUITE 7
HIALEAH GARDENS, FL 33016 US

New Mailing Address:

FEI Number: 56-2628483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLO, SHIRLEY
7396 W 18 AVE
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BELLO, SHIRLEY
Address: 7396 W 18 AVE
City-St-Zip: HIALEAH, FL 33014 US

Title: S () Delete
Name: BELLO, SHIRLEY
Address: 7396 W 18 AVE
City-St-Zip: HIALEAH, FL 33014 US

Title: VP/T () Delete
Name: BELLO, MARIO O
Address: 7396 W 18 AVE
City-St-Zip: HIALEAH, FL 33014 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/D (X) Change () Addition
Name: BELLO, SHIRLEY
Address: 7396 W 18 AVE
City-St-Zip: HIALEAH, FL 33014 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/D () Change (X) Addition
Name: BELLO, SHIRLEY
Address: 9500 NW 79 AVE STE 7
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: P/D () Change (X) Addition
Name: BELLO, SHIRLEY
Address: 9500 NW 79 AVE STE 7
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: P/D () Change (X) Addition
Name: BELLO, SHIRLEY
Address: 9500 NW 79 AVE STE 7
City-St-Zip: HIALEAH GARDENS, FL 33016

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: SHIRLEY BELLO

P/D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date