

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000021566

**FILED**  
**Feb 25, 2012**  
**Secretary of State**

**Entity Name:** DOMINICCI INTERNATIONAL INC.

**Current Principal Place of Business:**

8277 DEMING DR.  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 72119  
ORLANDO, FL 328721199

**New Mailing Address:**

PO BOX 721199  
ORLANDO, FL 328721199

**FEI Number:** 45-2531317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DOMINICCI, ADALGISA  
8277 DEMING DR.  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

DOMINICCI, ADA  
8277 DEMING DR.  
ORLANDO, FL 32825 US

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:** ADA DOMINICCI

02/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PMD  
**Name:** DOMINICCI, ADA  
**Address:** 8277 DEMING DR.  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** SVPD  
**Name:** DOMINICCI, XIOMARA  
**Address:** 8277 DEMING DR.  
**City-St-Zip:** ORLANDO, FL 32825

I hereby 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 all other like empowered.

**SIGNATURE:** ADA DOMINICCI

SVPD

02/25/2012

Electronic Signature of Signing Officer or Director

Date