

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000049522

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** DOMINGUEZ INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

5380 SW 64 AVENUE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

5380 SW 64 AVENUE  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 45-2400689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOMINGUEZ, HERNAN  
5380 SW 64 AVENUE  
MIAMI, FL 33155 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: DOMINGUEZ, HERNAN JR.  
Address: 5380 SW 64 AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: D  
Name: DOMINGUEZ, HERNAN JR.  
Address: 5380 SW 64 AVENUE  
City-St-Zip: MIAMI, FL 33155 US

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: HERNAN DOMINGUEZ, JR.

PRES

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date