

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90023 018 \*\*\*158.75

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01092006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P92000006720</b> 1. Entity Name <b>DOMINION PROPERTIES, INC.</b>					
Principal Place of Business <b>2900 N.E. 12TH TERRACE FORT LAUDERDALE, FL 33334</b>				Mailing Address <b>2900 N.E. 12TH TERRACE FORT LAUDERDALE, FL 33334</b>	
2. Principal Place of Business <b>2664 RIVIERA MANOR</b> Suite, Apt. #, etc.		3. Mailing Address <b>2664 RIVIERA MANOR</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0370799</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>WESTON FLORIDA</b>		City & State <b>WESTON FLORIDA</b>			
Zip <b>33332</b>		Zip <b>33332</b>			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERSH, STEVEN 2900 N.E. 12TH TERRACE FORT LAUDERDALE, FL 33334</b>				7. Name and Address of New Registered Agent Name <b>STEVEN HERSH</b> Street Address (P.O. Box Number is Not Acceptable)  <b>2664 RIVIERA MANOR</b> City <b>WESTON</b> <b>FL</b> Zip Code <b>33332</b>	
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: <b>STEVEN HERSH</b> DATE: <b>1/30/06</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HERSH, STEVEN 2900 NE 12TH TERRACE FORT LAUDERDALE, FL 33334		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2664 RIVIERA MANOR WESTON FLORIDA 33332</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>STEVEN HERSH</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1/30/06</b>		Daytime Phone #: <b>954-599-5803</b>