


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90004 007 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P93000061794</b>             |  |
| 1. Entity Name<br><b>DOMINIQUE'S, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>96 VIA MEZNER<br/>PALM BEACH FL 33480</b> | Mailing Address<br><b>POB 3101<br/>PALM BEACH FL 33480</b> |
|---|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>5 Via Tanageri Worth Ave</b> | 3. Mailing Address<br><b>P.O. Box 3101</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                        |

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| City & State<br><b>Palm Beach, FL</b> | City & State<br><b>Palm Beach</b> |
| Zip<br><b>33480</b>                   | Country<br><b>P.B. County</b>     |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0429610</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>- BISSELL, PILAR -</b><br><b><del>96 VIA MIZNER</del></b><br><b><del>PALM BEACH FL 33480</del></b><br><b>5 Via Tanageri Worth Ave</b><br><b>Palm Beach, FL 33480</b> |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

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 | DATE |
|-----------|------|

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 8, 2004</b><br><b>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SKANDALAKIS, DOMINIQUE</b><br><b>96 VIA MIZNER</b><br><b>PALM BEACH FL 33480</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BISSELL, PILAR</b><br><b>96 VIA MIZNER</b><br><b>PALM BEACH FL 33480</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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>Pilar Bissell</b> | Date: <b>7/31/04</b> | Daytime Phone #: <b>(561) 832-3885</b> |
|---------------------------------|----------------------|--|