2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUMENT # P95000040591  1. Entity Name DOMINICAN FOUNDRIES, INC.							· Com	, 01 2	
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`	ce of Business	Mailing Address							
7225 NW 25 Suite 300	SIH SIREEI	7225 NW 25TH STREET SUITE 300							
MIAMI, FL 3	3122	MIAMI, FL 33122			\$ 1 <b>88</b> 88 <b>3</b> 81   1	2 18727 21177 BELLI E	<b>3881 W#</b> 686 <b>88</b> 166 <b>#</b> 68	EEE ##201 #88800 I	3531   173 <b>53</b> 01   18 3001
DO NOT WRITE IN THIS SPA					03182004	No Chg-	P CP:	2E034 (10	/n/s
					4. FEI Numb			1	Applied For
					65-059		· ·		Not Applicable
		المنافقة والمنافقة المنافقة ا	٠, .		5. Certificate	of Status Desi	ired 🛘	<b>\$8.7</b> 5 Fee Re	Additional guired
	6. Name and Address of Current Re	istered Agent	T				<u> </u>	<u> </u>	
UPSON, RITA 7225 NW 25TH ST						NOT		-	
SUITE 300 MIAMI, FL 33122					IN T	THIS :	SPAC	E	
		·· ·							
	named entity submits this statement for the	purpose of changing its register	ed office or r	egister	ed agent, or bo	th, in the State	of Florida. I	am familiar	with, and accept
· ·	unita di registered agenti,					. "	\ <del>******</del>		. 4 *
SIGNATURE_	Signature, typed or printed name of registered agent and t	tie if applicable (NOTE Registers	nd Agent signature	s required	when reinstating)		DA	TE	
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fin				00 May Be ed to Fees				· ·	
10.	OFFICERS AND DIR	ECTORS	I						<u> </u>
TITLE NAME	PS UPSON, RITA								
STREET ADDRESS	7225 NW 25TH ST		1			Unnn	0009357	'n	
CATY-ST-ZIP	MIAMI, FL 33122		1			U000 03/22/0	4-80023	}–̃010 :	150.00
TITLE NAME			j						
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City-St-ZP			I						
TITLE NAME									
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CITY-ST-ZIP		7 <u>and</u> e 627, v	4						
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STREET ADDRESS									
CITY-ST-ZIP			4						
TITLE NAME									
STREET ADDRESS									

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 his 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:

CITY-ST-BP

NAME STREET ADDRESS

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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