


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000065205</b>	
1. Entity Name DOMITAL CORPORATION	

Principal Place of Business 8880 N.W. 20TH STREET SUITE "M" MIAMI, FL 33172 US	Mailing Address 8880 NW 20TH ST SUITE M MIAMI, FL 33172 US
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04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0612298	Applied For <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  COCCARELLO, JUAN C. 8880 NW 20TH ST SUITE M MIAMI, FL 33172
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COCCARELLO, JUAN C 8880 N.W. 20TH STREET - SUITE "M" MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COCCARELLO, MARITZA E 8880 N.W. 20TH STREET - SUITE "M" MIAMI, FL 33172
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12. I hereby certify that the information supplied with this filing 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 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: <u><i>Uberto E. Coccarello</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/25/05</u> Daytime Phone #: <u>305-594-0873</u>