

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90019 002 \*\*\*150.00

**DOCUMENT # P96000088485**

1. Entity Name  
**DOMINICK TRUCKING, INC.**



Principal Place of Business  
**470 EAST 60TH STREET  
HIALEAH, FL 33013**

Mailing Address  
**470 EAST 60TH STREET  
HIALEAH, FL 33013**

2. Principal Place of Business

**950 NW 201 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**950 NW 201 TERRACE**

Suite, Apt. #, etc.



03192006

Chg-P

CR2E034 (11/05)

City & State

**Pembroke Pines FL**

Zip

**33029**

Country

**USA**

City & State

**Pembroke Pines FL**

Zip

**33029**

Country

**USA**

4. FEI Number

**65-0705187**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SOVTO, DOMINICK  
470 EAST 60TH STREET  
HIALEAH, FL 33013**

**SOVTO Dominick  
950 NW 201 TERR.  
Pembroke Pines FL 33029**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
SOVTO, DOMINICK  
470 EAST 60TH STREET  
HIALEAH, FL 33013**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SOVTO DOMINICK  
950 NW 201 TERR  
Pembroke Pines FL 33029**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

**\*Dominick SOVTO P.**

3/19/06

Date

805)

216-9681

Daytime Phone #