



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90010 040 ***150.00

DOCUMENT # P97000004196 1. Entity Name DOMINGUEZ ENTERPRISE, INC.																										
Principal Place of Business 3235 HWY. 70 W. OKECHOBEE, FL 34972			Mailing Address 3235 HWY. 70 W. OKECHOBEE, FL 34972																							
2. Principal Place of Business 3252 NW 1st. Suite, Apt. #, etc.		3. Mailing Address <i>Jan</i> Suite, Apt. #, etc.																								
City & State Okeechobee		City & State _____		4. FEI Number 65-0759447																						
Zip 34972		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent DOMINGUEZ, JOAQUIN D 3235 HWY. 70 W. OKECHOBEE, FL 34972				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 3252 NW 1st. City Okeechobee																						
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.				Applied For <input type="checkbox"/> Not Applicable																						
SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DOMINGUEZ, JOAQUIN D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3235 HWY. 70 W.</td> <td></td> </tr> <tr> <td></td> <td>OKECHOBEE, FL 34972</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	DOMINGUEZ, JOAQUIN D		CITY-ST-ZIP	3235 HWY. 70 W.			OKECHOBEE, FL 34972		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3252 NW 1st.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Okeechobee FL 34972</td> <td></td> </tr> </table>			TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	3252 NW 1st.		CITY-ST-ZIP	Okeechobee FL 34972	
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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/06 *863 6979008*