## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P97000004196 03-23-2006 90010 040 \*\*\*150.00 1. Entity Name DOMINGUEZ ENTERPRISE, INC. Principal Place of Business Mailing Address 3235 INV: 70 W: 3235 HWY, 70 W. OKECHOBEE, FL 34972 OKECHOBEE, FL 34972 2. Principal Place of Business ing Address un 3252 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For 65-0759447 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7." Name and Address of New Registered Agent Name DOMINGUEZ, JOAQUIN D Street Address (P.O. Box Number is Not Acceptable) 3235 HWY: 70 W. OKECHOBEE, FL 34972 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE Delete TITLE Addition NAME DOMINGUEZ, JOAQUIN D NAME 3235 HWY, 70 W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKECHOBEE FL 34972 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental teport 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 of 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 attackment with an address, with all other like empowered.

DIRECTOR

**FILED** 

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