
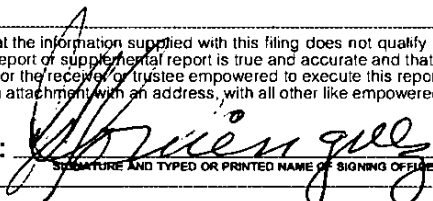


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90103 008 ***150.00

DOCUMENT # P97000004196			
1. Entity Name DOMINGUEZ ENTERPRISE, INC.			
Principal Place of Business 3252 NORTHWEST 1 STREET OKEECHOBEE, FL 34972 US		Mailing Address 3252 NORTHWEST 1 STREET OKEECHOBEE, FL 34972 US	
2. Principal Place of Business - No P.O. Box # 217 SE. 5 Ave.		3. Mailing Address 217 SE. 5 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Okeechobee, FL		City & State Okeechobee, FL	
Zip 34974		Country USA	
4. FEI Number 65-0759447		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent DOMINGUEZ, JOAQUIN D 3252 NORTHWEST 1 STREET OKEECHOBEE, FL 34972		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 217 SE. 5 Ave. Okeechobee, FL Zip Code 34974	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOMINGUEZ, JOAQUIN D 3252 NORTHWEST 1 STREET OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 217 SE. 5 Ave. Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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: 		Date: 1/17/07 Daytime Phone #: 305-8874187	