2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000054810

1. Entity Name
DOMINIGAR, INC.

Principal Place of Business	Mailing Address
2614 N FEDERAL HWY FORT LAUDERDALE, FL 33306	2614 N FEDERAL HWY FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

04042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0762659	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, DAVID
TAX SHOP
6003 NW 31ST AVE
FORT LAUDERDALE, FL 33309

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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 _____

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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000303080 04/13/05-80056-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHERZ, MARILYN R
STREET ADDRESS	2614 N FEDERAL HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Marilyn Scherz Marilyn Scherz Pres 4-5-05 954-561-4772_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #