

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90072 037 \*\*\*150.00

**DOCUMENT # P98000005097**

1. Entity Name

DOMENICA'S CERAMIC STUDIO, INC.



Principal Place of Business

375 W 19 STREET  
HIALEAH FL 33010

Mailing Address

375 W 19 STREET  
HIALEAH FL 33010

2. Principal Place of Business

375 W 19 ST  
Suite, Apt. #, etc.

3. Mailing Address

375 W 19 ST  
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Hialeah, FL

Zip

33010

Country

USA

City & State

Hialeah, FL

Zip

33010

Country

USA

4. FEI Number

65-0806936

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ROBERTO  
5660 W 12TH AVE  
HIALEAH FL 33012

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

Dominga Gonzalez

(NOTE: Registered Agent signature required when resigning)

1-28-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, DOMINGA	
STREET ADDRESS	375 W 19 STREET	
CITY- ST- ZIP	HIALEAH FL 33010	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ROBERTO A	
STREET ADDRESS	375 W 19 STREET	
CITY- ST- ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

Dominga Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04 (305) 884-0104

Date

Daytime Phone #