

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 028 ***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

377 W 19 STREET
HIALEAH FL 33010

2. Principal Place of Business

375 W. 19 St
Suite, Apt. #, etc.
Hia, FL. 33010
City & State

3. Mailing Address

375 W. 19 St
Suite, Apt. #, etc.
Hia, FL. 33010
City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0806936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

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 Roberto Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
5660 W. 12 AVE.
City Hia, FL. **FL** Zip Code 33012

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

Roberto Gonzalez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-6-05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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
NAME		
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	
CITY-ST-ZIP	
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	
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

4-6-05

Date

Daytime Phone #