


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90991 038 ***150.00

DOCUMENT # P98000015692		
1. Entity Name DOMMONIQUE OF MIAMI, INC.		

Principal Place of Business 17120 NW 17TH COURT MIAMI, FL 33056	Mailing Address 170 HILLSIDE AVENUE TEANECK, NJ 07666
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50046563

2. Principal Place of Business 866 E Oakland Park Blvd	3. Mailing Address 6451 Garden Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Lauderdale FL	City & State West Palm Beach FL
Zip 33334	Zip 33411
Country	Country



04282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0814619	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HASLER, MONIQUE 1007 RAIN TREE LANE PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent	
Name Hasler, Monique	
Street Address (P.O. Box Number is Not Acceptable) 866 E. Oakland Park Blvd	
City Fort Lauderdale	FL Zip Code 33334

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 <i>Monique Hasler</i>	DATE 4/28/05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	HASLER, MONIQUE <input type="checkbox"/> Delete	TITLE PD	HASLER, MONIQUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	1007 RAIN TREE LANE	STREET ADDRESS	6451 Garden St
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	West Palm Beach FL 33411
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Monique Hasler</i>	DATE: 4/28/05	DAYTIME PHONE #: 954-565-0103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		