

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90402 016 \*\*\*150.00

**DOCUMENT # P98000015692**

1. Entity Name  
**DOMMONIQUE OF MIAMI, INC.**



Principal Place of Business  
**866 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FL 33334 US**

Mailing Address  
**6451 GARDEN COURT  
WEST PALM BEACH, FL 33411 US**

**40073011**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**65-0814619**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HASLER, MONIQUE  
866 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FL 33334**

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

(NOTE: Registered Agent signature required when reinstating)

**4-17-06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **HASLER, MONIQUE**  
STREET ADDRESS **6451 GARDEN STREET**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **PD** ☒ Change ☐ Addition  
NAME **HASLER, MONIQUE**  
STREET ADDRESS **6451 GARDEN CT**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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 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: *Monique Hasler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-06 954-565-0103**  
Date Daytime Phone #