Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90004 028 \*\*\*550.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000061705

1. Corporation Name

DOMINION PROFESSIONAL SERVICES, INC.

DOMINIC	ON THO EGGIONAL GENT	1020, 1110.					
Principal Place	e of Business	Mailing Address			1 (44)140) 1(0 (8)16 (8)1) 801() 441() 441() 441()		
1600 SW 62ND AVENUE 1600 SW 62ND AVENUE							
MIAMI FL 33155		MIAMI FL 33155		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	0 01 7102	
					07/13/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21		26			65.0857413		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year i	ntangible	
24	25	29 3	0		Personal Property Tax.	☐Yes	No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
MET	ZA JEANNETTE		81	Name			
MEZA, JEANNETTE 1600 SW 62ND AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
MIAI	MI FL 33155		83				
			84	City	F	85 Zip	Code
office or n	registered agent or both in the Stati	e of Florida. Such change was autl	horized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing i	ts registered registered
office or n	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was autl gations of, Section 607.0505, Florid	horized by la Statutes	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing i	ts registered registered
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if phanged, or on an attachment with an address, with all other like empowered.

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

□ DELETE

SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition