

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052983

Entity Name: ALFONSO DOMINGUEZ, INC.

FILED  
Jan 10, 2009  
Secretary of State

## Current Principal Place of Business:

11997 S. U.S. HWY. 441  
BELLEVIEW, FL 34420

## New Principal Place of Business:

11997 S.E. U.S. HWY. 441  
BELLEVIEW, FL 34420

## Current Mailing Address:

P.O. BOX 2227  
BELLEVIEW, FL 34421

## New Mailing Address:

FEI Number: 59-3611782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOMINGUEZ, ALFONSO  
11997 S. U.S. HWY. 441  
BELLEVIEW, FL 34420 US

## Name and Address of New Registered Agent:

DOMINGUEZ, ALFONSO  
11997 S. E. U.S. HWY. 441  
BELLEVIEW, FL 34420 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

01/10/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete  
Name: DOMINGUEZ, ALFONSO  
Address: 11997 SOUTH US HWY 441  
City-St-Zip: BELLEVIEW, FL 34420

Title: STD ( ) Delete  
Name: WATTS DOMINGUEZ, BETH W  
Address: 11997 SOUTH US HWY 441  
City-St-Zip: BELLEVIEW, FL 34420

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH WATTS DOMINGUEZ

STD

01/10/2009

Electronic Signature of Signing Officer or Director

Date