

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000052983

Entity Name: ALFONSO DOMINGUEZ, INC.

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14920 SE 56TH AVE  
SUMMERFIELD, FL 344914814 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2227  
BELLEVIEW, FL 344212227

**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  
14920 SE 56TH AVE  
SUMMERFIELD, FL 344914814 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDC  
Name: DOMINGUEZ, ALFONSO  
Address: 14920 SE 56TH AVE  
City-St-Zip: SUMMERFIELD, FL 344914814 US

Title: STD  
Name: DOMINGUEZ, BETH W  
Address: 14920 SE 56TH AVE  
City-St-Zip: SUMMERFIELD, FL 344914814 US

I hereby 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 all other like empowered.

SIGNATURE: BETH W DOMINGUEZ

SECY

03/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date