


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S12444**  
 1. Entity Name  
 DOMAFRAN INC.



Principal Place of Business      Mailing Address  
 1600 SE 3RD CT                      1600 SE 3RD CT  
 DEERFIELD BEACH, FL 33441      DEERFIELD BEACH, FL 33441

**DO NOT WRITE IN THIS SPACE**



01182008    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0238563	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 PARDO, DOLORES  
 2680 EMERALD WAY NORTH  
 DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDO, DOLORES 2680 EMERALD WAY NORTH DEERFIELD BEACH, FL 33442
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 04/09/08-80041-023 158.75

**DO NOT WRITE IN THIS SPACE**

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:** *Dolores Pardo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-19-08 954-481-9111*  
Date Daytime Phone #