2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2008 08:00 Al **DOCUMENT # S12444 Secretary of State** 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 01182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0238563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARDO, DOLORES DO NOT WRITE 2680 EMERALD WAY NORTH DEERFIELD BEACH, FL 33442 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 lamillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE !S \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITI F PARDO, DOLORES NAME U000000889263 2680 EMERALD WAY NORTH STREET ADDRESS 04/09/08-80041-023 158.75 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-19-08 954.481-911

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