

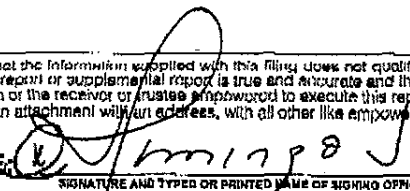


FILED
Jan 23, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V20327 1. Entity Name DOMINGO AND BROTHERS ENTERPRISE, INC.			
Principal Place of Business 215 W. 60TH STREET HIALEAH, FL 33012 US		Mailing Address 215 W 60TH STREET HIALEAH, FL 33012 US	
DO NOT WRITE IN THIS SPACE			
		01162006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0320387	Applied for Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, DOMINGO 215 W. 60TH STREET HIALEAH, FL 33012		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: _____ <small>Regular, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	JIMENEZ, DOMINGO		
STREET ADDRESS	215 W. 60TH STREET		
CITY-ST-ZIP	HIALEAH, FL		
TITLE	D		
NAME	JIMENEZ, GABRIEL		
STREET ADDRESS	14480 S.W. 111 STREET		
CITY-ST-ZIP	MIAMI, FL		
TITLE	D		
NAME	JIMENEZ, JULIAN		
STREET ADDRESS	12345 N.W. 97 COURT		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 addressee, with all other like empowered.			
SIGNATURE: 		1/17/06. 305-525-2244	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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01/27/06-80012-010 150.00

DO NOT WRITE IN THIS SPACE