

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90280 001 \*\*\*150.00  
 01-17-2006 90280 002 \*\*\*\*\*8.75

**66000072**



01052006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F00000005225</b>			
1. Entity Name DOYNA LTD, INC.			
Principal Place of Business 1801 86TH STREET, STE 2 BROOKLYN, NY 11214		Mailing Address 1801 86TH STREET, STE 2 BROOKLYN, NY 11214	
2. Principal Place of Business 473 Wortman Ave Suite, Apt. #, etc.		3. Mailing Address 473 Wortman Ave Suite, Apt. #, etc.	
City & State Brooklyn NY		City & State Brooklyn NY	
Zip 11208	Country Kings	Zip 11208	Country Kings
4. FEI Number 22-3543384		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVIAN IMPORTS, INC. C/O VALERIY DARMENKO 2045 N.E. 151 STREET NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROMBERG, YAKOV 1801 86TH STREET, STE 2 BROOKLYN, NY 11214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROMBERG, YAKOV 8841 20th Ave 4A Brooklyn, NY 11214 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** BROMBERG YAKOV 1/9/5 (718)331-7600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #