


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L39627							
1. Entity Name DORAL INTERNATIONAL EXPORT CORP.							
Principal Place of Business P.O. BOX 14258 CLEARWATER FL 33766 US		Mailing Address 2430 ESTANCIA BLVD STE 108 CLEARWATER FL 34621 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 13-1825730			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SCHAFFER, WALTER L., JR. 2430 ESTANCIA BOULEVARD SUITE 108 CLEARWATER FL 34621			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 reissuing) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	U00000363939 07/01/05-80002-016 550.00				
NAME	CHATANI, NARI C.	NAME					
STREET ADDRESS	5233 ENCLANE DR.	STREET ADDRESS					
CITY-ST-ZIP	OLDSMAR FL 34677	CITY-ST-ZIP					
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CHATANI, RAVI	NAME					
STREET ADDRESS	5233 ENCLANE DR.	STREET ADDRESS					
CITY-ST-ZIP	OLDSMAR FL 34677	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ *6/2/05 727-797-438*

Date _____ Daytime Phone # _____