


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000007630  
 1. Entity Name  
 ONE DORAL, INC.



Principal Place of Business  
 8300 NW 53RD STREET  
 #300  
 MIAMI, FL 33166

Mailing Address  
 P.O. BOX 228223  
 MIAMI, FL 33122



04212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1153503	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

RUIZ, ALBERTO J  
 5141 N.W. 114 COURT  
 MIAMI, FL 33178

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

U00000132590  
 04/27/04-80053-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PUIG-CORVE, OSCAR 6016 N.W. 116TH PLACE, #405 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RUIZ, ALBERTO J 5141 N.W. 114TH COURT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SELLAN, MANUEL 10911 N.W. 47TH LANE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BASALO, MIGUEL 6844 N.W. 109 AVENUE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 617, 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: \_\_\_\_\_ DATE: 4/20/04 DAYTIME PHONE #: 305-331-2015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR