


**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90030 038 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P97000099734**

1. Entity Name  
**DORAL LOCKSMITH, CORP.**



40081962

Principal Place of Business      Mailing Address  
**5660 NW 79 AVE.**      **5660 NW 79 AVE.**  
**MIAMI, FL 33166**      **MIAMI, FL 33166**



2. Principal Place of Business      3. Mailing Address

Subd. Apt. #, etc.      Subd. Apt. # etc.

City & State      City & State

Zip      Country      Zip      Country

01142005    Chg-P    CF2E034 (10/03)

4. FEI Number      Applied For  
**65-0796384**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENAO, JOSE G**  
**5650 N.W. 79TH AVE.**  
**MIAMI, FL 33166**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature must be original hand-written signature of registered agent at the time of filing. (NOTE: Registered Agent will not be held liable when resigning.)

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDTS HENAO, JOSE G 5756 N.W. 79TH AVE. MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachments.

**SIGNATURE:** *JOSE G HENAO*      **JOSE G HENAO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR      Date \_\_\_\_\_      Telephone # \_\_\_\_\_