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

## FILED Apr 05, 2004 8:00 am Secretary of State

## 04-05-2004 90009 039 \*\*\*\*70 00 THE SE

1. Entity Name THE COU	PRISENT # NOUUUUUUU PRTS AT DORAL ISLES CO TION, INC.			
Principal Place C/O COURTES 13250 SW 13 MIAMI, FL 33	SY PROPERTY MANAGEMENT 35 Avenue	Mailing Address C/O COURTESY PROPERT 13250 SW 135 AVENUE MIAMI, FL 33186	Y MANAGEMENT	
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142004 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number         Applied For Not Applicable
Zip	Country	Zip=	Country	5. Certificate of Status Desired Fee Required
·	6 Name and Address of Current	Paristand Assat		7. Name and Address of New Registered Agent
	6. Name and Address of Current	Registered Agent	Name	7. Hallie and Address of New Registered Agent
	VEN A 10TH AVENUE ON, FL 33317		Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating) DATE
华	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.		Trust Fund Co		Added to Fees Florida Department of State
`.	Due by May 1, 2004	Trust Fund Co	ntribution.	Added to Fees Florida Department of State
10. TITLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIF  PD GUELMAS, PAUL 6340 NW 114 AVENUE, #108 MIAMI, FL 33178  VPD APOLINOR, GRACE 6700 NW 114 AVENUE, #928	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIR  PD GUELMAS, PAUL 6340 NW 114 AVENUE, #108 MIAMI, FL 33178  VPD APOLINOR, GRACE 6700 NW 114 AVENUE, #928 MIAMI, FL 33178  TD COSTA, LILLIAN 6720 NW 114 AVE #825	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIE  PD GUELMAS, PAUL 6340 NW 114 AVENUE, #108 MIAMI, FL 33178  VPD APOLINOR, GRACE 6700 NW 114 AVENUE, #928 MIAMI, FL 33178  TD COSTA, LILLIAN 6720 NW 114 AVE #825 MIAMI, FL 36 17 8  SD OLIVERIA, CESAR 6560 NW 114 AVENUE, #507	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees   Florida Department of State   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   Change   Addition   Change   Addition   Change   Addition   Addition   Change   Addition   Addition
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIE  PD GUELMAS, PAUL 6340 NW 114 AVENUE, #108 MIAMI, FL 33178  VPD APOLINOR, GRACE 6700 NW 114 AVENUE, #928 MIAMI, FL 33178  TD COSTA, LILLIAN 6720 NW 114 AVE #825 MIAMI, FL 35 17 8  SD OLIVERIA, CESAR 6560 NW 114 AVENUE, #507	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  Change Addition  Change Addition  Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR