

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157145

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: DORA'S CREDIT REPAIR, INC.

**Current Principal Place of Business:**

11900 BISCAYNE BLVD., SUITE 616  
N. MIAMI, FL 33181

**New Principal Place of Business:**

6790 N.W. 186TH ST  
319  
HIALEAH, FL 33015

**Current Mailing Address:**

11900 BISCAYNE BLVD., SUITE 616  
N. MIAMI, FL 33181

**New Mailing Address:**

6790 N.W. 186TH ST  
319  
HIALEAH, FL 33015

FEI Number: 20-1991502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FASKE, GARRY C  
11900 BISCAYNE BLVD., SUITE 616  
N. MIAMI, FL US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIDNEY, TASHEERA  
Address: 6790 NW 186TH ST., SUITE 319  
City-St-Zip: HIALEAH, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SIDNEY, TASHERRA  
Address: 6790 NW 186TH ST., SUITE 319  
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TASHERRA SIDNEY

D

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date