

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000899

**Entity Name:** DORAL BUSINESS COUNCIL, INC.**Current Principal Place of Business:**2315 NW 107 AVE  
SUITE 1M9 BOX 94  
DORAL, FL 33172**Current Mailing Address:**2315 NW 107 AVE  
SUITE 1M9 BOX 94  
DORAL, FL 33172**FEI Number:** 42-1617317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PANELL, ELIEZER ESQ CPA  
7950 N.W. 53RD STREET  
SUITE 221  
DORAL, FL 33166 US*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

**Officer/Director Detail :**

Title SECRETARY  
Name FERNANDEZ, ARMANDO  
Address 2315 NW 107 AVE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name PINO, RAUL  
Address 2315 NW 107 AVE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name JUDE, PETER  
Address 2315 NW 107 AVE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

Title CHAIRMAN  
Name SIDDENS, BRUCE  
Address 2315 NW 107TH AVENUE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

Title TREASURER  
Name PIMENTEL, BARBARA  
Address 2315 NW 107TH AVENUE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name NAON, ESQ., ALBERT  
Address 2315 NW 107TH AVENUE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name MAYO, ESQ., DEBORAH R.  
Address 2315 NW 107TH AVENUE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name VALDES, AMBRE  
Address 2315 NW 107TH AVENUE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

**Continues on page 2**

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH R. MAYO, ESQ.**DIRECTOR****01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BURNS, GLORIA  
Address 2315 NW 107TH AVENUE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name BORGES, SILVIA  
Address 2315 NW 107TH AVENUE  
SUITE # 1M9  
City-State-Zip: DORAL FL 33172