

**2013 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 D  
Name FERNANDEZ, ARMANDO  
Address 10700 NW 66 STREET, SUITE 506  
City-State-Zip: DORAL FL 33178

Title PRESIDENT  
Name PENALVER, NELSON G  
Address 4957 SW 74 CT  
City-State-Zip: MIAMI FL 33155

Title SECRETARY  
Name PINO, RAUL  
Address 4101 NW 87 AVENUE  
City-State-Zip: MIAMI FL 33178

Title DIRECTOR  
Name PANELL, ELI  
Address 7950 NW 53 STREET  
SUITE 221  
City-State-Zip: DORAL FL 33166

Title D  
Name CHENG, CHARLES  
Address 8800 NW 23 STREET  
City-State-Zip: DORAL FL 33172

Title TREASURER  
Name TIMMONS, JASON  
Address 9128 NW 25 STREET  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name JUDE, PETER  
Address 11750 SW 40 STREET  
City-State-Zip: MIAMI FL 33175

Title DIRECTOR  
Name CANAS, SONYA  
Address 3105 NW 107 AVENUE  
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:** NELSON PENALVER

PRESIDENT

03/01/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STEINBAUER, J.R. JR.  
Address 7875 NW 12 STREET  
SUITE 101  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name BUESO, MARTI  
Address 400 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name DIPIETRO, MICHAEL  
Address 2315 NW 107 AVENUE  
BOX 94  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name GONZALEZ, MARIA L  
Address 6855 RED ROAD  
SUITE 600  
City-State-Zip: MIAMI FL 33143

Title DIRECTOR  
Name FALERO, MARA  
Address 6600 COW PEN RD.  
SUITE 100  
City-State-Zip: MIAMI LAKES FL 33014