

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 260237

Entity Name: DOSAL TOBACCO CORPORATION**Current Principal Place of Business:**9209 SW 40TH ST
MIAMI, FL 33165**Current Mailing Address:**2 S BISCAYNE BLVD.
STE 1900
MIAMI, FL 33131 US**FEI Number:** 59-0979845**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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	BOLTON, BEATRIZ
Address	4775 NW 132 STREET
City-State-Zip:	OPA LOCKA FL 33054

Title	D
Name	DOSAL STONE, MIRIAM
Address	4775 NW 132 STREET
City-State-Zip:	OPA LOCKA FL 33054

Title	CEO, CFO, SECRETARY
Name	NADER, YOLANDA
Address	4775 NW 132 STREET
City-State-Zip:	OPA LOCKA FL 33054

Title	D
Name	DOSAL OWEN, MARGARITA
Address	4775 NW 132 STREET
City-State-Zip:	OPA LOCKA FL 33054

Title	PD
Name	DOSAL, GEORGE
Address	4775 NW 132 STREET
City-State-Zip:	OPA LOCKA FL 33054

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

SIGNATURE: GEORGE DOSAL**PRESIDENT****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date