

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90005 024 ***150.00

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02062007 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-1414388 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # 398836
 1. Entity Name
 DOLINER'S, INC.



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|---|---|
| Principal Place of Business 14 S. COATES ST. DAYTONA BEACH, FL 32118-4334 | Mailing Address 2920 N PENINSULA DR DAYTONA BEACH, FL 32-8118 |
|---|---|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DOLINER, CELESTE
 2920 N PENINSULA DR
 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DOLINER, CELESTE 2920 N. PENINSULA DR. DAYTONA BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HIRSCHBERG, HERBERT 633 N.E. 167TH ST N MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DOLINER, RICHELLE 2711 NO HALIFAX, 374 DAYTONA BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DOLINER, JEROME 2920 N PENINSULA DR DAYTONA BEACH, FL 32118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: *Celeste Doliner* 1/22/07 386/672-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #