


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 016 ***150.00

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



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



2. Principal Place of Business - No P.O. Box #
2920 N. Peninsula Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
Daytona Beach Florida
 Zip Country Zip Country
32118

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

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

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer (Applicable) (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOLINER, CELESTE 2920 N. PENINSULA DR. DAYTONA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIRSCHBERG, HERBERT 633 N.E. 167TH ST N MIAMI BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOLINER, RICHELLE 2711 NO HALIFAX, 374 DAYTONA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOLINER, JEROME 2920 N PENINSULA DR DAYTONA BEACH FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Harris Doliner 244 Madison Avenue PHF New York City, N.Y. 10016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Richelle Doliner 2404 North East 9th Street # 503 Mt. Laverdale Florida 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joel Doliner 13900 South West 104th Avenue Miami, Florida 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* *2/1/08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #