


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # K34143</b><br>1. Entity Name<br><b>DORADO REALTY, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>9100 S.W. 86 ST.<br/>MIAMI, FL 33173 US</b> | Mailing Address<br><b>9100 S.W. 86 ST.<br/>MIAMI, FL 33173 US</b> |
|---|---|



03162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0214339</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>GUTIERREZ, RENALDY J<br/>601 BRICKELL KEY DR.<br/>STE. 201<br/>MIAMI, FL 33131</b> |
|--|

**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 resigning) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | DPT<br>GOMEZ, AMELIA<br>9100 S.W. 86 ST.<br>MIAMI, FL                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VPS<br>GOMEZ, MARCO<br>9100 S.W. 86 ST.<br>MIAMI, FL                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | AS<br>GUTIERREX, RENALDY J<br>601 BRICKELL KEY DR STE 201<br>MIAMI, FL 33173 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |

U00000094220  
03/22/04-80050-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Amelia Gomez* March 16-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #