


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90007 016 ****50.00

DOCUMENT # L02000024733

1. Entity Name
 DORAL CENTER, L.L.C.



Principal Place of Business
 8930 SW 115TH TERRACE
 MIAMI, FL 33176

Mailing Address
 8930 SW 115TH TERRACE
 MIAMI, FL 33176

60052752



DO NOT WRITE IN THIS SPACE

07012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0748639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E
 8930 SW 115TH LANE
 MIAMI, FL 33176

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

**Filing Fee is \$50.00
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HECTORE, LLC % ALAN E. KRINZMAN, 8930 SW 115TH TERRACE MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alan E. Krinzman Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 6/27/07 Daytime Phone #: (305) 790-9356