


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90193 033 ****50.00

DOCUMENT # L03000032227
Entity Name
DORAL COLOR PRESS LLC



34000897



MOORE CR2E083 (11/03)

Principal Place of Business: 9730 NW 25 ST. MIAMI FL 33172
Mailing Address: 9730 NW 25 ST. MIAMI FL 33172

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **753127920**
Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FIELDSTONE, RONALD
201 ALHAMBRA CIR, STE 601
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	Manager Ronald Fieldstone	<input type="checkbox"/> Delete
STREET ADDRESS	201 Alhambra Circle, #601	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE NAME	Manager Trevor Resnick	<input type="checkbox"/> Delete
STREET ADDRESS	3200 SW 60 Court, #302	
CITY-ST-ZIP	Miami, FL 33155	
TITLE NAME	Manager Javier Sosa	<input type="checkbox"/> Delete
STREET ADDRESS	9730 NW 25 St	
CITY-ST-ZIP	Miami, FL 33172	
TITLE NAME	Manager Al Vega	<input type="checkbox"/> Delete
STREET ADDRESS	9730 NW 25 St	
CITY-ST-ZIP	Miami, FL 33172	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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:  **2/11/04 305-357-1001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #