

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084242

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** DORAL GLOBAL INTERNATIONAL LLC

**Current Principal Place of Business:**

% NICOLAS FERNANDEZ, P.A.  
10 N.W. LEJEUNE ROAD, SUITE 500  
MIAMI, FL 33126

**New Principal Place of Business:**

50 OCEAN LANE DRIVE #405  
405  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

% NICOLAS FERNANDEZ, P.A.  
10 N.W. LEJEUNE ROAD, SUITE 500  
MIAMI, FL 33126

**New Mailing Address:**

50 OCEAN LANE DRIVE #405  
405  
KEY BISCAYNE, FL 33149

**FEI Number:** 26-0832811

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

ESQUIRE CORPORATE SERVICES, INC.  
10 N.W. LEJEUNE ROAD, SUITE 500  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

MARTINEZ, ALFONSO M MR.  
50 OCEAN LANE DRIVE  
405  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: ALFONSO MARTINEZ

01/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: MARTINEZ, ALFONSO M MR.  
Address: 50 OCEAN LANE DRIVE #405  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALFONSO MARTINEZ

MR.

01/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date