

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90024 008 ****61.25

DOCUMENT # N04000000899

1. Entity Name

DORAL BUSINESS COUNCIL, INC.



Principal Place of Business

2305 NW 107 AVE
SUITE 107
DORAL, FL 33172

Mailing Address

2305 NW 107 AVE
SUITE 107
DORAL, FL 33172

40110744



04092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1617317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~TOME, JAY R ESQUIRE~~
~~DORAL CENTER~~
~~8300 NW 53 ST STE 300~~
~~MIAMI, FL 33166~~

PETER DELATORRE
DIRECTOR
2315 NW 107 AVE
SUITE 109 BOX 94
DORAL FL 33172

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	ROMAN, BARBARA
STREET ADDRESS	8750 DORAL BLVD
CITY-ST-ZIP	DORAL, FL 33178
TITLE	VCF
NAME	SANCHEZ, RALPH
STREET ADDRESS	283 CATALONIA AVE, # 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VCC
NAME	MEDINA-GOMEZ, NUBIELENA
STREET ADDRESS	P.O. BOX 526668
CITY-ST-ZIP	MIAMI, FL 33152
TITLE	CCR
NAME	ABBATE, ANDRE
STREET ADDRESS	9939 COSTA DEL SOL BLVD
CITY-ST-ZIP	DORAL, FL 33178
TITLE	VCGA
NAME	TOME, JAY
STREET ADDRESS	6300 NW 53RD ST, STE 300
CITY-ST-ZIP	DORAL, FL 33166
TITLE	VCID
NAME	GAZINA, RALPH
STREET ADDRESS	2305 NW 107 AVE, STE 107
CITY-ST-ZIP	DORAL, FL 33172

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IN THIS SPACE**

12. 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 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 617, 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIRECTOR

4-27-07

305-470-9597