

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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**



04162008 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

**DELATORRE, PETER
2315 NW 107 AVE
SUITE LM9 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000347225
06/02/08-20006-007 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jay Tome

5-1-08

305-470-9597