

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2011  
Secretary of State**

DOCUMENT# N10000003325

Entity Name: DORAL COMMUNITY COALITION, INC.

**Current Principal Place of Business:**

11381 NW 64TH TERRACE  
DORAL, FL 33124

**New Principal Place of Business:**

**Current Mailing Address:**

11381 NW 64TH TERRACE  
DORAL, FL 33124

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      CCD  
Name:                      JONES, JESSE  
Address:                      11381 NW 64TH TERRACE  
City-St-Zip:                      DORAL, FL 33124

Title:                      DT  
Name:                      MAZZOLA, CHRISTIAN  
Address:                      11381 NW 64TH TERRACE  
City-St-Zip:                      DORAL, FL 33124

Title:                      CCDS  
Name:                      RUIZ, ALBERTO J  
Address:                      11381 NW 64TH TERRACE  
City-St-Zip:                      DORAL, FL 33124

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERTO J RUIZ

CCDS

04/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date