


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90009 047 ****70.00

DOCUMENT # N99000003576

1. Entity Name
THE DORAL ACADEMY, INC.



Principal Place of Business
**2450 NW 97TH AVE.
 MIAMI, FL 33172**

Mailing Address
**6255 BIRD RD
 MIAMI-DADE, FL 33155**

54008155



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
65-0944569

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**ZULUETA, IGNACIO G
 6255 BIRD RD
 MIAMI-DADE, FL 33155**

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 _____
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, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **ZULUETA, FERNANDO J**
 STREET ADDRESS **6255 BIRD RD**
 CITY-ST-ZIP **MIAMI-DADE, FL 33155**

TITLE **D** Change Addition
 NAME **Ana Carbonell**
 STREET ADDRESS **8525 NW 53 Terrace, suite 102**
 CITY-ST-ZIP **Miami, FL 33166**

TITLE **D** Delete
 NAME **LLANES, ROLANDO**
 STREET ADDRESS **4055 NW 97TH AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ABELLO, SALIMA**
 STREET ADDRESS **6255 BIRD RD**
 CITY-ST-ZIP **MIAMI-DADE, FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SV** Delete
 NAME **FRESEN, MAGDALENA**
 STREET ADDRESS **6255 BIRD RD**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ALVAREZ, GABRIELLE**
 STREET ADDRESS **10450 SW 48TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TV** Delete
 NAME **ZULUETA, IGNACIO G**
 STREET ADDRESS **6255 BIRD ROAD**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:  **Fernando Zulueta** **2/16/04** **(305) 669-2906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #