
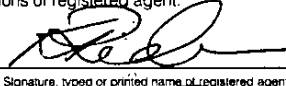
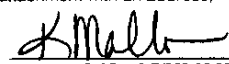


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90232 032 ****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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0944569			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ZULUETA, IGNACIO G 6255 BIRD RD MIAMI-DADE, FL 33155			Name NRAI Services, Inc				
			Street Address (P.O. Box Number is Not Acceptable)			'2731 Executive Park Drive, Suite 4	
			City Weston			FL	Zip Code 33331
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 			DATE 4/7/06				
Signature, typed or printed name of registered agent and title if applicable. KARGO REIDMAN, ASST. SEC.			(NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PC	<input checked="" type="checkbox"/> Delete	TITLE	DCP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARROSO, VICTOR		NAME	Barroso, Victor			
STREET ADDRESS	12583 SW 119TH PLACE		STREET ADDRESS	1228 West Avenue #1405			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami Beach, FL 33139			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GOMEZ, ILEANA		NAME	Carbonell, Ana			
STREET ADDRESS	2450 NW 97TH AVENUE		STREET ADDRESS	193 Corydon Drive			
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami Springs, FL 33166			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JIMENEZ, FRANK		NAME	Jacquinet, Salima Alejandra			
STREET ADDRESS	11100 NW 27TH STREET		STREET ADDRESS	4475 Nautilus Drive			
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami Beach, FL 33140			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LINAJE, KELLY MALLON		NAME	Alvarez, Gabrielle			
STREET ADDRESS	6255 BIRD ROAD		STREET ADDRESS	10450 NW 48th Street			
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, FL 33178			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ALVAREZ, GABRIELLE		NAME	Rovirosa, Rene			
STREET ADDRESS	10450 SW 48TH STREET		STREET ADDRESS	7901 NW 103rd Street			
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Hialeah Gardens, FL 33016			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARBONELL, ANA		NAME	Gomez, Ileana			
STREET ADDRESS	193 CORYDON DRIVE		STREET ADDRESS	2450 NW 97th Avenue			
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	Miami, FL 33172			
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: 			Date 4/6/06 305-669-2906				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				

50016893



04052006 Chg-NP CR2E037 (11/05)

ATTACHMENT

500/6893
#199000003576

2 of 2

2006 Not-For-Profit Corporation
Annual Report

(cont.)

The Doral Academy Inc

Officers and Directors

7.

Title	V
Name	Jimenez, Frank
Street Address	11100 NW 27th Street
City-St-Zip	Miami, FL 33173

8.

Title	S
Name	Mallon Linaje, Kelly
Street Address	6255 Bird Road
City-St-Zip	Miami, FL 33155

9.

Title	T
Name	Martinez, Ana
Street Address	6255 Bird Road
City-St-Zip	Miami, FL 33155