


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000003576 1. Entity Name THE DORAL ACADEMY, INC.						06 DEC -6 PM 1:14 TALLAHASSEE, FLORIDA	
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	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	DCP BARROSO, VICTOR 1228 WEST AVE., #1405 MIAMI BEACH, FL 33139			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONELL, ANA 193 CORYDON DR MIAMI SPRINGS, FL 33166			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUINET, SALIMA A 4475 NAUTILUS DR MIAMI BEACH, FL 33140			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, GABRIELLE 10450 NW 48TH ST MIAMI, FL 33178			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROVIROSA, RENE 7901 NW 103RD ST HIALEAH GARDENS, FL 33016			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMEZ, ILEANA 2450 NW 97TH AVE MIAMI, FL 33172			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/21/06 (305) 669-2906 <small>Date Daytime Phone #</small>			

N99000003576

DORAL ACADEMY, INC.

Board Members & Officers

Victor Barroso, Director / President / Chair (D/P/C)
12583 SW 119th Place
Miami, FL 33186
Victorb99@gmail.com
(305) 345-5289

Kelly Mallon Linaje (DELETE)
Ana Martinez (DELETE)

Rene Rovirosa, Director / Vice Chair / Secretary (D/S)
7901 NW 103rd Street
Hialeah Gardens, FL 33016 ADD
rrovirosa@dadeschools.net
(305) 796-2243

Alejandra Salima Jacquinet, Director (D)
4475 Nautilus Drive
Miami Beach, Florida 33140
dilcras@aol.com
(786) 489-0421

Angela Ramos, Director (D)
9405 NW 41st Street
Miami, FL 33178
aramos@UNIVISION.NET
(786) 282-2264
Elected: 9/12/06

***Ileana Gomez**, Vice-President (Doral Academy, Inc. Only) (VP)
2450 NW 97th Avenue
Miami, Florida 33172
doralprincipal@yahoo.com
(305) 597-9999

***Frank Jimenez**, Vice-President (VP)
11100 NW 27th Street
Miami, Florida 33172
fjimenez25@hotmail.com
(305) 597-9950

***Ofelia Alvarez**, Treasurer (T)
2601 NW 112th Avenue
Miami, FL 33172 ADD
Ofelavarez4@dadeschools.net
(305) 591-0020

***No Voting Privileges / Corporate Officer Only**

Abbreviations for Corporation Annual Report

D- Director
P- President
C- Chair
V- Vice President
T- Treasurer
S- Secretary



CORPORATION SERVICE COMPANY

RECEIVED

06 DEC -6 PM 1:05

ACCOUNT NO. : 072100000032

REFERENCE : 644423

AUTHORIZATION

COST LIMIT : \$ 61.25

STATE
DIVISION OF REVENUES
TALLAHASSEE, FLORIDA
131879A

[Signature]

ORDER DATE : December 6, 2006

ORDER TIME : 11:27 AM

ORDER NO. : 644423-015

CUSTOMER NO: 131879A

ANNUAL REPORT FILING

NAME: THE DORAL ACADEMY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____