


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005589
 1. Entity Name
DORAL NORTH BUSINESS CENTER, INC.



Principal Place of Business 10181 N.W. 58TH ST. UNIT 16 MIAMI, FL 33178	Mailing Address 10181 N.W. 58TH ST. UNIT 16 MIAMI, FL 33178
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04192004 No Chg-NP CR2E037 (10/03)

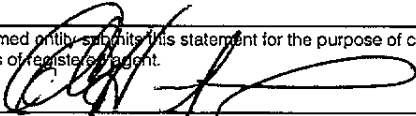
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0966112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 VALDERRAMA, CARLOS A
 10181 N.W. 58TH ST.
 UNIT 16
 MIAMI, FL 33178

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, 2004

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

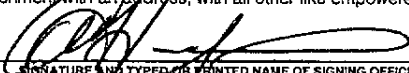
1100000126289
 04/23/04-80028-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDERRAMA, CARLOS A 10181 N.W. 58TH ST., UNIT 16 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDERRAMA, LEONOR I 10181 N.W. 58TH ST., UNIT 16 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDERRAMA, ERICK A 10181 N.W. 58TH ST., UNIT 16 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CARLOS A. VALDERRAMA**

Date: **4/20/04**
 Daytime Phone #: **305-554-0507**