


**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N99000005589</b> 1. Entity Name <b>DORAL NORTH BUSINESS CENTER, INC.</b>	
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Principal Place of Business <b>10181 N.W. 58TH ST.          UNIT 16          MIAMI, FL 33178</b>	Mailing Address <b>10181 N.W. 58TH ST.          UNIT 16          MIAMI, FL 33178</b>
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04192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**VALDERRAMA, CARLOS A  
 10181 N.W. 58TH ST.  
 UNIT 16  
 MIAMI, FL 33178**

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 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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

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U00000328533  
 04/25/05-80083-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carlos Valderrama DATE: 4/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #