


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 006 ****61.25

DOCUMENT # N99000005589 1. Entity Name DORAL NORTH BUSINESS CENTER, INC.	
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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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40041940



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0966112	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALDERRAMA, CARLOS A 10181 N.W. 58TH ST. UNIT 16 MIAMI, FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDERRAMA, CARLOS A	NAME		NAME		NAME	
STREET ADDRESS	10181 N.W. 58TH ST., UNIT 16	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	VALDERRAMA, LEONOR I	NAME		NAME		NAME	
STREET ADDRESS	10181 N.W. 58TH ST., UNIT 16	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	VALDERRAMA, ERICK A	NAME		NAME		NAME	
STREET ADDRESS	10181 N.W. 58TH ST., UNIT 16	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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: *Carlos A. Valderrama* **3/23/07** **786 257 8190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #