2007 FOR PROFIT CORPORATION

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ANNUAL REPORT	Jan 11, 200 / 08:00
DOCUMENT # P0000045648 1. Entity Name DOLAYA, INC.	Secretary of Sta
Principal Place of Business Mailing Address 103 SOUTH U.S. HWY. 1 UNIT B-5 UNIT B-5 UPITER, FL 33477 Mailing Address 103 SOUTH U.S. HWY. 1 UNIT B-5 UNIT B-7 UPITER, FL 33477	
DO NOT WRITE IN THIS SPA	01062007 No Chg-P CR2E034 (11/05)
	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent	
PITAKTRAKUL, VANTANEE 103 SOUTH U.S. HWY. 1 UNIT B-5	DO NOT WRITE
JUPITER, FL 33477	IN THIS SPACE
 The above named entity submits this statement for the purpose of chariging its registe the obligations of registered agent. 	to both the state of Florida. I am familiar with, and accept office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	used Agent signature (equived when reinstating) DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution	
10. OFFICERS AND DIRECTORS	
NAME PITAKTRAKUL, VANTANEE	
STREET ADDRESS 4801 S. UNIVERSITY DR.	, (0,000,000,000
CITY-ST-ZIP DAVIE, FL 33328	
NAME	22. 11. 2. 200F2 201 130.00
STREET ADDRESS CITY-ST-ZIP	
TILE	-
NAME STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE
TITLE NAMES	IN THIS SPACE
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CITY-ST-ZIP	ar and its m
TITLE	Company of the Compan
STREET ADDRESS	
CITY-ST-DP	*
TITLE NAME	•, •.6
STREET ADDRESS	
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the experience.	Withoutland contained in Chanter 119 Floring Statutes 1 hurber 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 anjetficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

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SIG	N	All	JК	= :

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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