

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 91237 010 ***150.00

DOCUMENT # P00000064456

1. Entity Name
DORAL EAGLE, INC

DO NOT WRITE IN THIS SPACE

35643

2. Principal Place of Business
8600 NW 30 TERR

3. Mailing Address
8600 NW 30 TERR

Suite, Apt. #, etc.
6-A

Suite, Apt. #, etc.
6-A

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33122

Country
USA

Zip
33122

Country
USA

4. FEI Number
65-1022468

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **OSCAR MARTOS**
Street Address (P.O. Box Number is Not Acceptable)
8600 NW 30 TERR # 6 A
City **MIAMI, FL** Zip Code **33122**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-30-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	OSCAR MARTOS	8600 NW 30 TERR # 6-A	MIAMI, FL 33122				

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-10-02

(706) 256 0932

Date

Daytime Phone #

CR2E034B (12/01)