2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90345 013 ***150 00 DOCUMENT # P00000117884 1. Entity Name DORAL WORLDWIDE TRADE, INC. 60028932 Principal Place of Business Mailing Address 7270 NW 12TH ST 7270 NW 12TH ST #650 #650 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address A. SKLAVOUNOS Suite, Apt. #, etc. Suite Apt. #, etc. P.O. BOX 52-354 Z 5551 NW 1124 Ave # 111 CR2E034 (11/05) 04112006 Chg-P City & State City & State Applied For 4. FEI Number MIAHI 65-1063593 Not Applicable Country Zip 33152 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKLAVOUNOS ALEX SKLAVOUNOS, ALEX MR. Street Address (P.O. Box Number is Not 7270 N.W.12TH ST. #650 MIAMI, FL 33126 City Z323478 DORAL 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 PLEX SKLAVOUNGS **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** PSTÖ ☐ Delete TITLE ☐ Addition Sklavouros, ALEX NAME SKLAVOUNOS, ALEX NAME STREET ADDRESS 7270 NW 12TH ST #650 5551 NW1124 AVE #111 STREET ADDRESS BORALIFL 33178 CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAWSON, RICHARD 5551 NW 1124 AVE# 111 NAME DAWSON, RICHARD NAME STREET ADDRESS 7270 NW 12TH ST #650 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33126 DORAL, FL 33178 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 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 the empowered.

ALEX SKLAVOUNOS, PSTD

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED