

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

0305180 AV

04-25-2003 90177 014 ***150.00

DOCUMENT # P00000117884



1. Entity Name
DORAL WORLDWIDE TRADE, INC.

Principal Place of Business
**5741 NORTHWEST 112TH AVENUE
SUITE 107
MIAMI FL 33178**

Mailing Address
**5741 NORTHWEST 112TH AVENUE
SUITE 107
MIAMI FL 33178**



2. Principal Place of Business
7270 NW 12th ST.

3. Mailing Address
7270 NW 12th ST.

Suite, Apt. #, etc.
650

Suite, Apt. #, etc.
650

City & State
MIAMI, FL

City & State
MIAMI, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1063593**

Applied For
Not Applicable

Zip **33126** Country **USA**

Zip **33126** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKLAVOUNOS, ALEX MR.
1150 N.W. 72ND AVE. #420
MIAMI FL 33126**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PSTD SKLAVOUNOS, ALEX**
STREET ADDRESS **5741 NORTHWEST 112TH AVENUE #107**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
NAME
STREET ADDRESS **7270 NW 12th ST #650**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE Delete
NAME **S DAWSON, RICHARD**
STREET ADDRESS **1150 N.W. 72ND AVE. #420**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE Change Addition
NAME
STREET ADDRESS **7270 NW 12th ST #650**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF ALEX SKLAVOUNOS 4/22/03 305-471-7624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALEX SKLAVOUNOS** PRES: _____ Date _____ Daytime Phone # _____

CR2E034 (10/02)