04/30/2003 19:11 WILLIAM ALBORNOZ → 3055738473

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91762 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007696

1. Entity Name
DOFER CORPORATION

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
CASAS RIEGNER	C 25 NE 39 ST.
Suite, Apt. #, etc.: 25 NE 39 ST.	Suite, Apt. #, etc.: MIAMI FL
City & State: MIAMI, FL.	City & State:
Zip: 33137 Country: USA	Zip: 33137 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1106032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: CATALINA CASAS
Street Address (P.O. Box Number is Not Acceptable): 25 NE 39 ST.
City: MIAMI FL Zip Code: 33131

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 ______________________ April 29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	D FERRO, EDUARDO R 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ April 29/03 3055738242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/02)