

Apr. 26. 2004 12:31PM

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000048713					
1. Entity Name DORADO 413 INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 52-2322106				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent <i>Transglobal Corp. Admin LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>520 Brickell Key Dr. #0-305</i> <i>Miami</i> FL Zip Code <i>33131</i>		
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 <i>[Signature]</i> DATE <i>4/30/04</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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 GARCIA, JUAN GONZALEZ 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATISTA UAMAS, ADOLFO 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 ☐ 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)(b), 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: <i>[Signature]</i> <i>Adolfo Batista</i> DATE <i>4/29/04</i> DAYTIME PHONE # <i>305 374-3800</i>					