


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90077 001 \*1,800.00

DOCUMENT # P01000081808 1. Entity Name OPH/DORAL, INC.	
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Principal Place of Business 500 EAST BROWARD BLVD SUITE 1950 FORT LAUDERDALE, FL 33394	Mailing Address 500 EAST BROWARD BLVD SUITE 1950 FORT LAUDERDALE, FL 33394
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**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3616664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL P ESQ  
500 EAST BROWARD BLVD SUITE 1950  
FORT LAUDERDALE, FL 33394

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

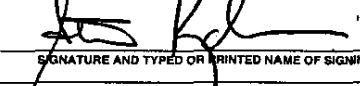
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMELHAIR, STEVEN R 400 NW 74TH AVENUE 7260 SW 7 St PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEMEROFKSY, STEPHEN L 400 NW 74TH AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLNICK, AUDIE M 400 NW 74TH AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **Steven R. Kamelhair** President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/29/04 Daytime Phone # \_\_\_\_\_