



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

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



01232007 No Chg-P CR2E034 (11/05)

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

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAMELHAIR, STEVEN R
STREET ADDRESS	2240 SW 70TH AVE, STE D
CITY - ST - ZIP	DAVIE, FL 33317
TITLE	D
NAME	NEMEROFKSY, STEPHEN L
STREET ADDRESS	2240 SW 70TH AVE, STE D
CITY - ST - ZIP	DAVIE, FL 33317
TITLE	D
NAME	ROLNICK, AUDIE M
STREET ADDRESS	2240 SW 70TH AVE, STE D
CITY - ST - ZIP	DAVIE, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000666852
 03/26/07-80005-003 150.00

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 like empowered.

SIGNATURE: Steven R Kamelhair 1/25/07 9547974924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #