


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000081808

1. Entity Name
 OPH/DORAL, INC.



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



DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
 04-3616664

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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, 2008 Fee will be \$550.00

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

U00000982375
 04/16/08-80038-015 150.00

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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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 Kamelhair* **Steven Kamelhair** **3/11/08** **954 797 4924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #