

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

5477

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90021 040 \*\*\*150.00

**DOCUMENT # P01000114871**  
 1. Entity Name  
**DORAL JEWELERS CORP,**



Principal Place of Business  
**4297 N.W. 107TH AVE.**  
**MIAMI FL 33178**

Mailing Address  
**4297 N.W. 107TH AVE.**  
**MIAMI FL 33178**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent  
**LENDOIRO, RAFAEL JR.**  
**4297 N.W. 107TH AVE.**  
**MIAMI FL 33178**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LENDORIO, RAFAEL	
STREET ADDRESS	4297 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LENDORIO, MARLENE	
STREET ADDRESS	4297 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Maken Lendorio VP 7/25/04 786.845.0950*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

 **DORAL JEWELERS, INC.**  
Fine Jewelry and Watches

Attachment

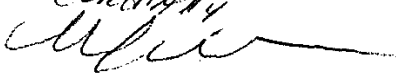
2407761  
PO 1000114871

7/25/04

Dear Sirs,

Please waive the Fee of \$550.00 AS I have  
Received IDAS notification - Advising that this was  
due. I ask that you please make an exception  
and accept the enclosed payment of \$150.00 with  
my application.

I sincerely Thank you for your consideration  
of this matter.

Cordially  
  
Marlon Landino  
VP.