


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90671 024 \*\*\*150.00

**DOCUMENT # P01000118905**

1. Entity Name  
**DORAL WEST REALTY INC.**



Principal Place of Business      Mailing Address  
~~2930 N W 108TH AVE.~~ *10540 N.W. 26TH ST.*      ~~2930 N W 108TH AVE.~~ *10540 N.W. 26TH*  
 MIAMI, FL 33172      *6-107*      MIAMI, FL 33172



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3851046**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BILDA, JORGE**  
~~2930 N W 108TH AVE.~~ *10540 N.W. 26TH ST.* *6-107*  
 MIAMI, FL 33172

**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      **\$5.00** May Be  
 Trust Fund Contribution.       **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BILDA, JORGE
STREET ADDRESS	<del>2930 N W 108TH AVE.</del> <i>10540 N.W. 26TH ST.</i> <i>6-107</i>
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	BILDA, JORGE
STREET ADDRESS	<del>2930 N W 108TH AVE.</del> <i>10540 N.W. 26TH ST.</i> <i>6-107</i>
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Jorge Bilda*      *04/05/04*      *305-4069500*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #