

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90030 043 \*\*\*150.00

**DOCUMENT # P02000038401**

1. Entity Name  
**DORAL DELI COMPANY**



Principal Place of Business

Mailing Address

10822 N.W. 58TH STREET 9566 N.W. 41ST 10822 N.W. 58TH STREET 9566 N.W. 41ST  
MIAMI, FL 33178 MIAMI, FL 33178 MIAMI, FL 33178 MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0684955</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

OLIVEIRA, TERCIO M  
10822 N.W. 58TH STREET 9566 N.W. 41TH ST.  
MIAMI, FL 33178 MIAMI, FL 33178

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PSD
NAME	OLIVEIRA, TERCIO M
STREET ADDRESS	10822 N.W. 58TH STREET <u>9566 N.W. 41TH ST.</u>
CITY-ST-ZIP	MIAMI, FL 33178 <u>MIAMI, FL 33178</u>

TITLE	VTD
NAME	OLIVEIRA, ANA L
STREET ADDRESS	10822 N.W. 58TH STREET <u>9566 N.W. 41TH ST.</u>
CITY-ST-ZIP	MIAMI, FL 33178 <u>MIAMI, FL 33178</u>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2004 (305) 551-4959  
Date Daytime Phone #