


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000066562</b> 1. Entity Name <b>GRIDIRON DORAL, INC.</b>																																																																																																																																			
Principal Place of Business <b>2216 N.W. 87TH AVENUE MIAMI FL 33172</b>			Mailing Address <b>2216 N.W. 87TH AVENUE MIAMI FL 33172</b>																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		4. FEI Number <b>02-0620090</b>																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable <b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>MILNE, ROBERT A 306 ALCAZAR AVENUE, SUITE 301 CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																															
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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$650.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PVST</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">U00000443079</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MATOS, LISVET</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2216 N.W. 87TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33172</td> <td></td> <td>CITY- ST- ZIP</td> <td>03/04/06-80046-019 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MATOS, LISVET</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2216 N.W. 87TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33172</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PVST	<input type="checkbox"/> Delete	TITLE	U00000443079	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MATOS, LISVET		NAME			STREET ADDRESS	2216 N.W. 87TH AVENUE		STREET ADDRESS			CITY- ST- ZIP	MIAMI FL 33172		CITY- ST- ZIP	03/04/06-80046-019 150.00		TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MATOS, LISVET		NAME			STREET ADDRESS	2216 N.W. 87TH AVENUE		STREET ADDRESS			CITY- ST- ZIP	MIAMI FL 33172		CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			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 Section 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.																																																																																																																																			
<b>SIGNATURE:</b> <i>Lisvet Matos</i> <span style="float: right;">2/15/06 (307) 717-0047</span>																																																																																																																																			