## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000117088

1. Entity Name
DOBA CORPORATION



Principal Place of Business

572 MOKENA DR MIAMI SPRINGS, FL 33165 Mailing Address

572 MOKENA DR MIAMI SPRINGS, FL 33165

## FILED Jul 11, 2006 8:00 am Secretary of State

05-08-2006 90270 042 \*\*\*158.75

66021612



06272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2087607

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

Daytime Phone #

| c | <ul> <li>Name and Address of Current Registered Age</li> </ul> | 4 |
|---|--|---|

BANOS, DOMINGO 572 MOKENA DR MIAMI SPRINGS, FL 33165

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat   | named entity submits this statement for the ions of registered agent. | purpose of changing its registered                                    | d office or i  | egistered agent, or be         | oth, in the State of Florida. I am familiar with, and accept  |
|--|---|---|----------------|--------------------------------|---|
| SIGNATURE  | Signature, typed or printed name of registered agent and title        | e i/ applicable. (NOTE: Registered                                    | Agent signatur | e required when reinstating)   | DATE  |
| FILE NOWI!! FEE IS \$550.00  Due by September 6, 2006  9. Election Campaign Fire Trust Fund Contribution |   |   | •              | \$5.00 May Be<br>Added to Fees |   |
| 10.  | OFFICERS AND DIRE   | CTORS   |                |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DPT<br>BANOS, DOMINGO<br>572 MOKENA DR<br>MIAMI SPRINGS, FL 33165     |   |                |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DS<br>BANOS, EMELIA<br>572 MOKENA DR<br>MIAMI SPRINGS, FL 33165       |   |                |                                |   |
| TITLÉ<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _   |   |                | DO                             | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |                | IN                             | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |                |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |                |                                |   |
| indicated<br>of the cor  | on this report or supplemental report is true                         | and accurate and that my signatured to execute this report as require | re shall ha    | ve the same legal effe         | 9. Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if // |