


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P03000025030 1. Entity Name DORADO HOMES DEVELOPMENT, INC.	
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Principal Place of Business 8700 WEST FLAGLER ST SUITE 355 MIAMI, FL 33174	Mailing Address 8700 WEST FLAGLER ST SUITE 355 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4241159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET
SUITE 2900
MIAMI, FL 33131**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

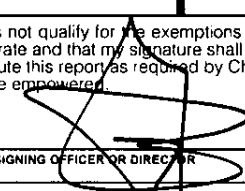
U00000909098
05/06/08-80056-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, ARIEL E 8700 WEST FLAGLER STREET, SUITE 355 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DAVILA, JORGE L 8700 WEST FLAGLER STREET, SUITE 355 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, MICHAEL 8700 WEST FLAGLER STREET, SUITE 355 MIAMI, FL 33174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Ariel E. Gutierrez  **01/04/2008** **305 553-8911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #