

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 91013 040 ***150.00

DOCUMENT # P03000025349 1. Entity Name DORADO ENTERPRISES, INC.					
Principal Place of Business 5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308			Mailing Address 5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				4. FEI Number	
LEGAL, LARRY 5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308				57-1174695 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name LEGAL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD. SUITE 470 City FORT LAUDERDALE				FL Zip Code 33309	
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 <u><i>Larry Legal</i></u> LARRY LEGAL <u>4-29-4</u> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALKUNAS, ROBERT		NAME		
STREET ADDRESS	1751 HERROSO RD.		STREET ADDRESS		
CITY- ST- ZIP	BQCA RATON, FL 33486		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		
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: <u><i>Robert Balkunas</i></u> ROBERT BALKUNAS			<u>4/29/4</u> 954 493 8900 Date Daytime Phone #		

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