

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032056

Entity Name: CIUDAD DORAL CORP

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

3750 NW 114TH AVENUE
UNIT 2
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

3750 NW 114TH AVENUE
UNIT 2
DORAL, FL 33178

New Mailing Address:

FEI Number: 56-2334528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUILAR, OSCAR R
11892 SW 8TH STREET
PENTHOUSE VII
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARAVITO, ALEJANDRA
Address: 5746 NW 112TH PASS
City-St-Zip: DORAL, FL 33178

Title: VP (X) Delete
Name: HERRADEZ, CARLOS E
Address: 6520 NW 114TH AVE, SUITE 1623
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERRADEZ, CARLOS H
Address: 10710 NW 66TH STREET
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS H. HERRADEZ

P

01/31/2005

Electronic Signature of Signing Officer or Director

Date