## 2007 FOR PROFIT CORPORATION

## **FILED** 00 A tate

ANNUAL REPORT				Apr 04, 2007 08: Secretary of St			
DOCUMENT # P03000056015						Secre	etary of Si
1. Entity Nam DORVIL	re FARM, CORP.						
Principal Place 23333 SW 1 MIAMI, FL 3		Mailing Address 23333 SW 123 AVE MIAMI, FL 33032			M 8818 188 888 888 8	BRIT BRIDT BUILE BU	
DO NOT WRITE IN THIS SPA			CE	03242007 4. FEI Numb 71-094	No Chg-P	CR2E03	34 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent							
PEREZ, ENRIQUE J 23333 SW 123 AVE MIAMI, FL 33032			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 obligate	signature, typed or printed name of registered agent and	ed Agent signature required	i when rematating)	03-2	24-07 DATE	7	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees			
10,	OFFICERS AND DIF	RECTORS	1				
NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, ENRIQUE J 23333 SW 123 AVE MIAMI, FL 33032				U0000 04/12/07	9069076! 7-80003	9 -004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEREZ, ENRIQUE J 23333 SW 123 AVE MIAMI, FL 33032						·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	· ·
NAME STREET ADDRESS CITY-SI-ZIP							

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-258-0908 Daytime Phone