

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056942

FILED
Apr 30, 2009
Secretary of State

Entity Name: DORAL FORKLIFTS & EQUIPMENTS INC.

Current Principal Place of Business:

9695 N.W. 79TH AVENUE
BAY #14 & 15
HIALEAH GARDENS, FL 33016

Current Mailing Address:

9695 N.W. 79TH AVENUE
BAY #14 & 15
HIALEAH GARDENS, FL 33016

FEI Number: 22-3897433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

9695 N.W. 79TH AVENUE
BAY #12
HIALEAH GARDENS, FL 33016

New Mailing Address:

9695 N.W. 79TH AVENUE
BAY #12
HIALEAH GARDENS, FL 33016

Name and Address of Current Registered Agent:

VALLEJO, LEONARDO
8121 S.W. 35 TERRACE
MIAMI, FL 33156 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: PRES () Delete
Name: VALLEJO, LEONARDO
Address: 8121 S.W. 35 TERRACE
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: LEAL, VIVIAN
Address: 14243 N.W. 83RD PLACE
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LEAL, VIVIAN
Address: 5010 S.W. 196TH LANE
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VIVIAN LEAL

VP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date