

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056942

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** DORAL FORKLIFTS & EQUIPMENTS INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 22-3897433      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEAL, VIVIAN  
5010 S.W. 196TH LANE  
SOUTHWEST RANCHES, FL 33332 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** LEAL, VIVIAN  
**Address:** 5010 S.W. 196TH LANE  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33332 US

I hereby 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 all other like empowered.

SIGNATURE: VIVIAN LEAL

PRE

03/29/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date