## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000071158  1. Entity Name JOINT INVESTORS DORAL, INC.				FILED	
				08 JUL	10 PM 2:47
Principal Ptace of Business 2828 CORAL WAY 530		Mailing Address 2828 CORAL WAY SUITE 530		- CORE ALLAH,	ARY OF STATE
MIAMI, FL 33145  2. Principal Place of Business - No P.O. Box #		MIAMI, FL 33145  3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06042008 Chg-P 4. FEI Number	CR2E034 (12/06)  Applied For
Zip	Country	Zip	Country	APPLIED FOR  5. Certificate of Status Desired	Not Applicable  \$8.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Re	Fee Required
	W-10	Negrotored Agent	Name		
	AL WAY STE 530	•	Street Address	s (P.O. Box Number is Not Acceptable)	
MIAMI, FL	33143		0.5		Tin Code
			City		FL Zip Code
	ons of registered agent.	1//		tered agent, or both, in the State of Flor	
	Signature, typed or printed name of registered agent	and title if approable. (NO	OTE Registered Agent signature requi	red when reinstating)	DATE
	E NOW!!! FEE IS \$550.00 ue by September 12, 2008	9. Election Camp Trust Fund Co		<b>5.00</b> May Be dded to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 11
TITLE NAME STREET ADORESS	D RUSSI, RICARDO 2828 CORAL WAY, SUITE 530	☐ Detete	TITLE NAME STREET ADDRESS		Grange Addition
CITY-ST-ZIP	MIAMI, FL 33155	☐ Delete	CHY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ DE RUSSI, CONSUE 2828 CORAL WAY, SUITE 530		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE	MIAMI, FL 33155	□ Detete	TITLE		
NAME STREET ADDRESS CITY-ST-ZIP	RUSSI, JULIAN R 2828 CORAL WAY, SUITE 530 MIAMI, FL 33155		NAME STREET ADDRESS CITY-ST-ZIP	01/15/00 510.	,g
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D RUSSI, MONICA 2828 CORAL WAY, SUITE 530 MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	,	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	151	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
12. I hereby	certify that the information supplied wit on this report or supplemental report	h this filing does not qualify is true and accurate and tha	for the exemptions containst my signature shall have the	ned in Chapter 119, Florida Statutes. He same legal effect as if made under o 607, Florida Statutes; and that my name	further certify that the information ath; that I am an officer or director