## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, of on an attachment

SIGNATURE:

## Jan 30, 2006 8:00 am **Secretary of State** DOCUMENT # P03000088860 1. Entity Name 01-30-2006 90052 047 \*\*\*150 00 N DÓRA CORP. Principal Place of Business Mailing Address ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA 100 SE 3RD AVE SUITE 1400 100 SE 3RD AVE SUITE 1400 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1203339 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANKUTA, DAVID B Street Address (P.O. Box Number is Not Acceptable) 100 SE 3RD AVE, SUITE 1400 FORT LAUDERDALE, FL 33394 City Zip Code 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 obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. $\overline{PD}$ D K Change TITLE **₹** Delete TITLE ☐ Addition Jerome Nagelbush 3640 N. 34th Avenue MANKUTA, DAVID B NAME NAME 100 SE 3RD AVE SUITE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33394 CITY-ST-ZIP Hollywood, FL 33021 $\overline{ ext{VPD}}$ ☐ Delete TITLE ☐ Change X Addition TITLE Amy Mankuta NAME NAME 3640 N. 34th Avenue Hollywood, FL 33021 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TST1 F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 rify 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**