


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90165 041 ***150.00

| | | | | | |
|--|-----------------------|--|---|--|-----------------------------------|
| DOCUMENT # P03000101015 | | | |  | |
| 1. Entity Name DORAL DAMES ENTERPRISE, INC. | | | | | |
| Principal Place of Business 30 SW 97 PL MIAMI, FL 33174 | | Mailing Address 30 SW 97 PL MIAMI, FL 33174 | | | |
| 2. Principal Place of Business 10672 N.W. 19 STREET | | 3. Mailing Address SAME AS ABOVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State DORAL, FL | | City & State | | 4. FEI Number 20-0236360 | |
| Zip 33172 | | Country MIAMI-DADE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRIFFIN, KELLIE 11730 ROSE WAY COOPER CITY, FL 33026 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| FL | | | FL | | |
| Zip Code | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| SIGNATURE | | Signature, typed or printed name of registered agent and title if applicable | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PEREZ, OLGA | | NAME | | |
| STREET ADDRESS | 30 SW 97 PL | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33174 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GRIFFIN, KELLIE | | NAME | | |
| STREET ADDRESS | 11730 ROSE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | COOPER CITY, FL 33026 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BADUVOBA, SILVIA | | NAME | | |
| STREET ADDRESS | 30 SW 97 PL | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33174 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-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: <i>Kellie W. Griffin</i> | | KELLIE W. GRIFFIN | | 3-1-06 305-436-5303 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | VICE PRESIDENT | | Date Daytime Phone # | |