

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90233 001 ***450.00

DOCUMENT # P03000103338 1. Entity Name DORISMAR ENTERPRISES, INC.					
Principal Place of Business 17330 NW 67TH PLACE UNIT C HIALEAH FL 33015			Mailing Address % J A D & COMPANY, P.A. 3400 CORAL WAY, 6TH FL MIAMI FL 33145		
2. Principal Place of Business 6720 N.W. 174TH TERRACE		3. Mailing Address 			
Suite, Apt. #, etc. UNIT L		Suite, Apt. #, etc. 			
City & State HIALEAH, FLORIDA		City & State 		4. FEI Number 20-0248275	
Zip 33015		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHIFF, RICARDO 3400 CORAL WAY, 6TH FL MIAMI FL 33145			7. Name and Address of New Registered Agent Name JORGE ANDRES DIAZ, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6TH FL. City MIAMI, FL Zip Code 33145-3053		
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 <u><i>J. A. Diaz</i></u> / JORGE ANDRES DIAZ 04/30/05 <small>Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIFF, RICARDO A <input type="checkbox"/> Delete 17330 NORTHWEST 67TH PLACE, UNIT C HIALEAH FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCHIFF, RICARDO ALEJANDRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6720 NORTHWEST 174TH TERRACE, UNIT L HIALEAH, FLORIDA 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERCHEN, DORA N <input type="checkbox"/> Delete 17330 NORTHWEST 67TH PLACE, UNIT C HIALEAH FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KERCHEN, DORA NOEMI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6720 NORTHWEST 174TH TERRACE, UNIT L HIALEAH, FLORIDA 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, JORGE A <input type="checkbox"/> Delete 3400 CORAL WAY STE 601 MIAMI FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ricardo A. Schiff</i></u> / RICARDO A. SCHIFF <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/30/05 (786) 306-3099 <small>Date Daytime Phone #</small>		