



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90002 016 ***150.00

DOCUMENT # P04000001244 1. Entity Name DORAISA ENTERPRISE, INC.					
Principal Place of Business 2860 MIDDLENTON CIRCLE KISSIMMEE, FL 34743			Mailing Address 2860 MIDDLENTON CIRCLE KISSIMMEE, FL 34743		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NUNEZ, DORA I 2860 MIDDLENTON CIRCLE KISSIMMEE, FL 34743				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PSTD NUNEZ, DORA I 2860 MIDDLENTON CIRCLE KISSIMMEE, FL 34743 <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	
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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: 			7-06-04 407.348-4159		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54062135



07062004 Chg-P CR2E034 (10/03)

4. FEI Number **76-0748-426** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Attachment
54062135-

July 07, 2004

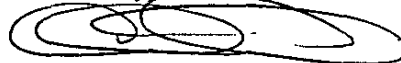
Department of State
Division of Corporations
409 East Gaines ST.
Tallahassee, FL 32399

Dear Sirs,

Through this letter I submit to you the form **"Uniform Business Report"** from Doraisa Enterprise, Inc. **Document No. P04000001244** filed on December 19 2003. According with telephone conversation today July 07, 2004 with one of the specialist on the corporation department, the annual report form, for a year 2004, was sender to the incorrect address, for that reason I never received in order to renewal. I like to ask a waiver on the penalty for non-renewal annual report form.

Please consider this circumstantial reasons as an excuse for my request. Enclose one hundred fifty (\$150.00) dollars for a corporation fees on 2004. Thank for you attention to this important matter.

Sincerely Yours



Dora I. Nuñez
Corporation Officer
Doraisa Enterprise Inc.