

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90019 039 ***150.00

DOCUMENT # P04000077348

1. Entity Name
MT DORAL, INC.



Principal Place of Business
800 DOUGLAS RD PH
CORAL GABLES, FL 33134

Mailing Address
800 DOUGLAS RD PH
CORAL GABLES, FL 33134

40045600



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1164322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF &
SITTERSON, PA
150 W FLAGLER ST STE 2200
MIAMI, FL 33130

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IN THIS SPACE**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAS, JUAN C PRES 800 DOUGLAS RD PH CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAS, JORGE 800 DOUGLAS RD PH CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAS, JOSE 800 DOUGLAS RD PH CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, PEDRO A VP 1200 BRICKELL AVE STE 1840 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MARTIN, DAVID P SEC. 1200 BRICKELL AVE STE 1840 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 approvals.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pedro A. Martin 3-28-06 305-416-4566