

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



04182008 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	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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	

000000825317
05/20/08-80021-010 150.00

**DO NOT WRITE
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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08 305-5790545
Date Daytime Phone #