

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90048 028 \*\*\*150.00

**DOCUMENT # P04000101390**  
 1. Entity Name  
**DORAL ORIENTAL MEDICINE CENTER, INCORPORATED**



Principal Place of Business Mailing Address  
**5545 SW 8 ST STE 107 PO BOX 441246**  
**MIAMI FL 33134 MIAMI FL 33144**

2. Principal Place of Business 3. Mailing Address  
**2445 NW 97 AVE. SAME AS ABOVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**DORAL, FLORIDA**

Zip Country Zip Country  
**33172 USA**

00000000  
  
 1st MOORE CR2E034 (10/04)

4. FEI Number Applied For  
**51-0518469** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MARQUEZ, JOSE**  
**5545 SW 8 ST STE 107**  
**MIAMI FL 33134**

7. Name and Address of New Registered Agent  
 Name **MARQUEZ, JOSE**  
 Street Address (P.O. Box Number is Not Acceptable) **2445 NW 97 AVE.**  
 City **DORAL, FL** Zip Code **33172**

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 Jose Marquez DATE **1-20-2005**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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 **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANDUCA-MARQUEZ, VIVIAN 5545 SW 8 ST STE 107 MIAMI FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELOS RIOS, ALESSANDRA 5545 SW 8 ST STE 107 MIAMI FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARQUEZ, JOSE 5545 SW 8 ST STE 107 MIAMI FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2445 NW 97 AVE.</b> <b>DORAL, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2445 NW 97 AVE.</b> <b>DORAL, FL. 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2445 NW 97 AVE</b> <b>DORAL, FL. 33172</b>
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"/> Change <input type="checkbox"/> Addition
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: Jose Marquez DATE **1-20-05** (786) 218-1327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #