## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P04000131188**

DORTA CONSTRUCTION CORP.



**FILED** Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

250 CATALONIA AVE

SUITE 405 CORAL GABLES, FL 33134 Mailing Address

250 CATALONIA AVE

SUITE 405

CORAL GABLES, FL 33134



04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2160773 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A MS. 9130 SOUTH DADELAND BLVD. **SUITE 1200** MIAMI, FL 33156

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<ol> <li>In a 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 the obligations of registered agent.</li> </ol>	tamiliar with, and accept
SIGNATURE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be ' Added to Fees .

10. · OFFICERS AND DIRECTORS NAME DORTA, LUIS E MR. STREET ADDRESS 250 CATALONIA AVE # 405 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE DORTA, EDUARDO L MR. NAME STREET ADDRESS 250 CATALONIA AVE # 405 CORAL GABLES, FL 33134 CITY-ST-7IP TITLE MAME

U00000749844 05/18/07-80039-005 150.00

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STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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 his 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:** 

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP