2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 22, 2008 08:00 AM **DOCUMENT # P05000004608 Secretary of State** 1. Entity Name DORAL SHOPPING INC. Principal Place of Business Mailing Address 2901 S.W. 130 AVE. 2901 S.W. 130 AVE. MIAMI. FL 33175 MIAMI, FL 33175 CR2E034 (11/05) 02152008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIGLER, MIGUEL JR DO NOT WRITE 2901 SW 130 AVE MIAMI, FL 33175 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **DPST** TITLE SIGLER, MIGUEL JR NAME 2901 SW 130 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS U00000834778 CITY-ST-7IP 02/29/08-80005-021_150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information or supplemental food 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 facelive or trusting appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if then twing an addiess, with all other like empowered. I hereby certify the the indicated on this report information suppl of the corporation or to changed, or on an atta

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

E OF SIGNING OFFICER OR DIRECTOR