

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000091374

Entity Name: DORAL CARE PRODUCTS, INC.

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

1627 BRICKELL AVE - # 906
MIAMI, FL 33129

New Principal Place of Business:

1627 BRICKELL AVE
906
MIAMI, FL 33129

Current Mailing Address:

1627 BRICKELL AVE - # 906
MIAMI, FL 33129

New Mailing Address:

1627 BRICKELL AVE -
906
MIAMI, FL 33129

FEI Number: 20-5514378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ARIEL
1627 BRICKELL AVE - # 906
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ARIEL GONZALEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, ARIEL
Address: 1627 BRICKELL AVE - # 906
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: DEL PILAR GIRALDO, MARIA
Address: 1627 BRICKELL AVE - # 906
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GIRALDO, MARIA P
Address: 1627 BRICKELL AVE - # 906
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIEL GONZALEZ

P

10/11/2006

Electronic Signature of Signing Officer or Director

Date