2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096890

Entity Name: DORAL BRANDS INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18671 COLLINS AVE - STE 1502 18851 NE 29TH AVE. SUNNY ISLES, FL 33160

720

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

18671 COLLINS AVE - STE 1502 18090 COLLINS AVE SUNNY ISLES, FL 33160

T17/213

SUNNY ISLES, FL 33160

FEI Number: 90-0045461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOONEY, JAMES F MR NOONEY, JAMES F MR 18671 COLLINS AVE. 18090 COLLINS AVE

T17/213 1502

SUNNY ISLES, FL 33160 US SUNNY ISLES, FL 33160 US

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: 01/04/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete NOONEY, JAMES

Name: 18671 COLLINS AVE - STE 1502 Address:

City-St-Zip: SUNNY ISLES, FL 33160

Title: **VPSD** () Delete Name: MENDOZA, PAUL

18671 COLLINS AVE - STE 1502 Address: SUNNY ISLES, FL 33160 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

Name: NOONEY, JAMES

18090 COLLINS AVE T17/213 Address: City-St-Zip: SUNNY ISLES, FL 33160

Title: **VPSD** (X) Change () Addition

Name: MENDOZA, PAUL

Address: 18090 COLLINS AVE T17/213 SUNNY ISLES, FL 33160 City-St-Zip:

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: JAMES NOONEY PTD 01/04/2007