


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90046 035 \*\*\*150.00

DOCUMENT # P07000041577

1. Entity Name  
**DORAL KEY CORP.**



Principal Place of Business Mailing Address

1260 SW 6TH ST 1260 SW 6TH ST  
 APT 120 APT 120  
 MIAMI, FL 33135 MIAMI, FL 33135

**40067889**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

*1328 SW 6 ST* *1328 SW 6 ST*

Suite, Apt. #, etc. Suite, Apt. #, etc.  
*8* *8*

04102008 Chg-P CR2E034 (12/06)

City & State City & State

*MIAMI FL* *MIAMI FL*

Zip Country Zip Country  
*33135 USA* *33135 USA*

4. FEI Number *56-2653053* Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  \$8.75 Additional Fee Required

OSTEICOCHEA, EDMUNDO S  
 1260 SW 6TH ST  
 APT 120  
 MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name *Edmundo S. Osteicochea*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1328 SW 6 ST # 8*

City *MIAMI* FL Zip Code *33135*

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 *[Signature]* DATE *4-10-08*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>D/P</i>	<input type="checkbox"/> Delete
NAME	<i>OSTEICOCHEA, EDMUNDO S</i>	
STREET ADDRESS	<i>1260 SW 6TH ST - APT 120</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33135</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>D/P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>OSTEICOCHEA, EDMUNDO S</i>	
STREET ADDRESS	<i>1328 SW 6 ST # 8</i>	
CITY-ST-ZIP	<i>MIAMI FL 33135</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 *[Signature]* DATE *4-10-08* Daytime Phone # *786-663-5237*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR