

FILED
Apr 21, 2008 8:00 am
Secretary of State

4/1

04-01-2008 90008 023 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000069415			
1. Entity Name DORAL CLUB MANAGEMENT, INC.			
Principal Place of Business 8500 SW 8TH STREET, SUITE 238 MIAMI, FL 33144		Mailing Address 8500 SW 8TH STREET, SUITE 238 MIAMI, FL 33144	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 24-0365546		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03072008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MACHADO, JOSE L ESQ. 8500 SW 8TH STREET, SUITE 238 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Sign must be typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when refreshing) DATE _____			
FILE NOW!!! FEB IS \$150.00 After May 1, 2008 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IMMERMAN, BRANDON 8500 SW 8TH STREET, SUITE 238 MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 file empowered.			
SIGNATURE: <u>Brandon Immelman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/17/08</u> <u>570305-444-4648</u> Date Daytime Phone #	