## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000087333

City-St-Zip: N LAUDERDALE, FL 33068

Entity Name: THERAPEUTIC OF DORAL INC.

FILED Mar 03, 2009 Secretary of State

Lineity Iva	ille. ITILIVAI	LOTIC OF BORALING.			
Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
7930 NW 3 SUITE 17 MIAMI, FL	36TH STREE1 33166				
Current M	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
SUITE 100	63RD STREE ) BEACH, FL 33		7930 NW 36TH STREET SUITE 17 MIAMI, FL 33166		
FEI Number	: 80-0350073	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent	Name and Address of N	ew Registered Agent:	
SUITE 100	63RD STREE				
	e named entity e of Florida.	submits this statement for th	ne purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( GUO, MING 1190 NE 163R N MIAMI BEAC		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address:	VP ( QIAO, ZHU-YU 202 MADDY LA		Title: ( ) Name: Address:	Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MING GUO P 03/03/2009