

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000080610

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** DORAL ACCOUSTIC CEILING FM CORP

**Current Principal Place of Business:**

6409 NW 82 AVENUE  
DORAL, FL, 33166

**New Principal Place of Business:**

6409 NW 82 AVENUE  
DORAL, FL, FL 33166 FL

**Current Mailing Address:**

6409 NW 82 AVENUE  
MIAMI, FL, 33166

**New Mailing Address:**

6409 NW 82 AVENUE  
DORAL, FL, FL 33166 FL

**FEI Number:** 27-3632982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOYOS, FABIO  
6409 NW 82 AVENUE  
DORAL, FL 33166 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VALVERDE, MAURICIO  
Address: 4412 SW 49 STREET  
City-St-Zip: MIAMI, FL 33166

Title: VP/S  
Name: HOYOS, FABIO  
Address: 6409 NW 82 AVENUE  
City-St-Zip: DORAL, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: FABIO HOYOS

P

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date