2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM **Secretary of State** DOCUMENT # P94000084184 1. Entity Name DORAGG, INC. Principal Place of Business Mailing Address 7900 RED ROAD 7900 RED ROAD SUITE 9 SUITE 9 S MIAMI, FL 33143 S MIAMI, FL 33143 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0550429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIFAS, HAROLD M DO NOT WRITE 7900 RED RD SUITE 9 IN THIS SPACE SOUTH MIAMI, FL 33143 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D NAME RIFAS, HAROLD M STREET ADDRESS 7900 RED RD #9 CITY-ST-7IP SOUTH MIAMI, FL <u>UODQOO609024</u> TITLE 02/01/07-80034-007 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

305-662.8814

Daytime Phone #

FILED