

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90557 010 ***150.00

DOCUMENT # P95000048374 1. Entity Name DORAL COURT ENTERPRISES, INC.			
Principal Place of Business 12235 W. 129 CT MIAMI, FL 33186 US		Mailing Address 12235 W. 129 CT MIAMI, FL 33186 US	
2. Principal Place of Business 10 NW 42ND AVE Suite, Apt. #, etc. SUITE # 400 City & State MIAMI, FLORIDA Zip 33126 Country USA		3. Mailing Address 10 NW 42ND AVE Suite, Apt. #, etc. SUITE NO. 400 City & State MIAMI, FLORIDA Zip 33126 Country USA	
4. FEI Number 65-0591357		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRODIE, SIDNEY Z 7270 N.W. 12TH STREET PENTHOUSE I MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE: _____ </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOURIZ, MIGUEL 12235 S.W. 129TH COURT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOURIZ, MIGUEL A. 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Miguel A. Mouriz	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/24/04 (305) 567-1577 Daytime Phone #	