

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90021 009 ***150.00

DOCUMENT # P95000048374

1. Entity Name
DORAL COURT ENTERPRISES, INC.



Principal Place of Business
**10 NW 42ND AVE STE #400
MIAMI, FL 33126 US**

Mailing Address
**10 NW 42ND AVE STE #400
MIAMI, FL 33126 US**

2. Principal Place of Business
**10 N.W. 42nd AVE.
Suite, Apt. #, etc. SUITE 700**

3. Mailing Address
**10 N.W. 42nd AVE.
Suite, Apt. #, etc. SUITE 700**

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

03132006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0591357

Applied For
Not Applicable

Zip
33126 Country
USA

Zip
33126 Country
USA

5. Certificate of Status Desired ☐ **\$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
MOURIZ, MIGUEL

Street Address (P.O. Box Number is Not Acceptable)

10 N.W. 42nd AVE., SUITE 700

City
MIAMI

FL

Zip Code
33126

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)

DATE

3-20-2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MOURIZ, MIGUEL
10 NW 42ND AVE STE #400
MIAMI, FL 33126** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MOURIZ, MIGUEL
10 N.W. 42nd AVE, SUITE 700
MIAMI, FL 33126** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2006

Date

Daytime Phone #

(305) 567.1577