

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90234 042 \*\*\*150.00

14008509



**DOCUMENT # P98000025357**  
 1. Entity Name  
 DORAL ALE HOUSE AND RAW BAR, INC.



Principal Place of Business: 3271 NW 87TH AVE, MIAMI, FL 33172  
 Mailing Address: 612 N ORANGE AVE, USITE C-6, JUPITER, FL 33458

2. Principal Place of Business: 612 N. Orange Ave., Suite C-6, Jupiter, Florida, Zip 33458  
 3. Mailing Address: Suite, Apt. #, etc. City & State: Jupiter, Florida, Zip: 33458, Country: USA

04222005 Chg-P CR2E034 (10/03)  
 4. FEI Number: 65-0819416 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
 MILLER, JOHN W  
 612 N ORANGE AVE, USITE C-6  
 JUPITER, FL 33458

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, JOHN W			NAME			
STREET ADDRESS	612 N ORANGE AVE STE C6			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33458			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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; 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 to an address, with all other like empowered.

SIGNATURE: John W. Miller Date: 04/21/2005 Daytime Phone #: 561-743-2299  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR