


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000025357

1. Entity Name
DORAL ALE HOUSE AND RAW BAR, INC.



Principal Place of Business Mailing Address

**612 N ORANGE AVE
STE C-6
JUPITER, FL 33458 US**

**612 N ORANGE AVE, USITE C-6
JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0819416 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JOHN W
612 N ORANGE AVE, USITE C-6
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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, 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	D
NAME	MILLER, JOHN W
STREET ADDRESS	612 N ORANGE AVE STE C6
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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05/06/06-80065-021 150.00

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:  4/21/06 561-743-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #