## FILED Apr 21, 2003 8:00 am Secretary of State

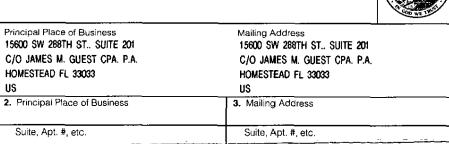
04-21-2003 90546 018 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000107020

**DOCUMENT #** 

1. Entity Name
DORAL FLORAL, INC.



|--|--|

U5		US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0884471 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent		
GUEST, JAMES M			Name			
15600 SW 288TH ST., SUITE 201			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
	EAD FL 33033					
HOMESTER TE GOOD			City	FL Zip Code		
the obligat	tions of registered agent.  Signature, typed or printed name of registered age	int and title if applicable. (NO)	S registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept required when reinstating)		
Afte	ILE NOW!!!_FEE IS \$150,00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	D	والمستهادين والمستخدمة والمستهاد	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	T	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD SALAS, ARTURO C 15600 SW 288TH ST. #201 HOMESTEAD FL 33033	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, ARTURO C 15600 SW 288TH ST. #201 HOMESTEAD FL 33033	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

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 trusted 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 addressy with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3//3/os

305-255-6466 Daytime Phone #