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ANNUAL REPORT				Jan 30, 2004 08:00 AM
DOCUMENT # P9900006111				Secretary of State
Entity Name DORAL STAR REALTY, INC.				
Principal Plac	ce of Business	Mailing Address		
9549 N.W. 4		9549 N.W. 41 ST		
Miami, FL 3	33178	MIAMI, FL 33178		
				# 10.ETCEBOL (LD 10.1) # 10.01 #061 #4011 B.E111 B.E111 B.E111 B.E111 B.E114 B.H.E. 2118.1 (1881 2188) 16.E1180 (2) 4.E81
				01202004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE	4. FE! Number Applied For
				65-0887855 Not Applicable
				5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
GAVIRIA, JORGE 9769 S. DIXIE HWY STE 201				
9769 S. DIXIE HWY.,STE.201 MIAMI, FL 33156				
				IN THIS SPACE
		· · · · · · · · · · · · · · · · · · ·	m. Mr.	
The above the obligat	named entity submits this statement for the	e purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_		· _		
SIGNATORE.	Signature, typed or printed name of registered agent and	itle if applicable. (NOTE Registere	d Agent signature required	when reinstating) DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 \ ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees
10.	OFFICERS AND DIS	RECTORS		
title Name	DPV ANTON, ERNESTO			
STREET ADDRESS	9731 NW 41 ST			
CITY+ST-ZIP	MIAMI, FL 33178 ST		-	U00000021345 01,/30/04-90001-002 150.00
title Name	ANTON, ERNESTO			01%30/04~20001~002 120.00
STREET ADDRESS	9731 NW 41 STREET			
CITY-ST-ZIP	MIAMI, FL 33178	<u> </u>	•	
TITLE NAME .			•	
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE		<u> </u>		······································
NAME				IN THIS SPACE
STREET ADDRESS				
CITY-ST-ZIP TITLE			ł	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
NAME			i	
STREET ADDRESS				
CMY-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNESTO ANTON, PRES.

Date

Daytime Phone #