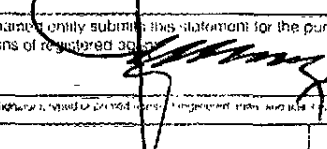
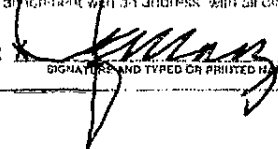


FILED
Apr 07, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000109254			
1. Entity Name DORCASE CORPORATION			
Principal Office of Business * ZABALA 1372, ESCRITORIO "43" MONTEVIDEO, URUGUAY, OC		Mailing Address 333 NE 8TH STREET HOMESTEAD, FL 33030 US	
DO NOT WRITE IN THIS SPACE			
		 03282005 No Chg-P CR2E034 (10/03)	
		4. FBI Number 65-1094839	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASTRAN, RAUL E 333 NE 8TH STREET HOMESTEAD, FL 33080		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:  Signature of registered agent or principal officer and director. The registered agent signature requires a notary public stamp.			
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	U00000292335 04/07/05-80065-019 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PVST CAMINO, CARLOS E YELSIT SOCIEDAD ANONIMA, ZABALA 1372 MONTEVIDEO, URUGUAY,		
TITLE NAME STREET ADDRESS CITY, ST, ZIP			
TITLE NAME STREET ADDRESS CITY, ST, ZIP			
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TITLE NAME STREET ADDRESS 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)(b), 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 two empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			