2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05-10-2004 90473 008 ****61.25
S21532

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 26 AM 9:13

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DOCUMENT # S21532

1. Entity Name
DORALCO NO. 4, INC.

Principal Place of Business	Mailing Address
4801 ELBERT PLACE KISSIMMEE, FL 34758 US	4800 ELBERT PLACE KISSIMMEE, FL 34758 US

05052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
22 W MONUMENT AVE	22 W MONUMENT AVE
Suite, Apt. #, etc.: STE 16	Suite, Apt. #, etc.: STE 16
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34741-5192 Country:	Zip: 34741-5192 Country:

4. FEI Number: 59-3057280 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, NORMAN J. ESQ.
1201 W. EMMETT STREET
KISSIMMEE, FL 34741

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ABULAFIA, VICTOR 4800 ELBERT PLACE KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 22 W MONUMENT AVE STE 16 KISSIMMEE, FL 34741-5192
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ABULAFIA, ELIYAHU 4800 ELBERT PLACE KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 22 W MONUMENT AVE STE 16 KISSIMMEE, FL 34741-5192
TITLE / 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
TITLE / 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 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: (X) [signature] MAY 5, 04(X)

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

5/26 AD