

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

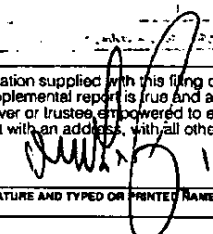
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S21532

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # S21532			
1. Entity Name DORALCO NO. 4, INC.			
Principal Place of Business 4801 ELBERT PLACE KISSIMMEE, FL 34758 US		Mailing Address 4800 ELBERT PLACE KISSIMMEE, FL 34758 US	
2. Principal Place of Business 22 W MONUMENT AVE Suite, Apt. #, etc. STE 16 City & State KISSIMMEE, FL		3. Mailing Address 22 W MONUMENT AVE Suite, Apt. #, etc. STE 16 City & State KISSIMMEE, FL	
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: _____ (NOTE: Registered Agent signature required when requesting) Signature typed or printed name of registered agent and state if applicable. 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	22 W MONUMENT AVE STE 16 KISSIMMEE, FL 34741-5192 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABULAFIA, ELIAHU 4800 ELBERT PLACE KISSIMMEE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	22 W MONUMENT AVE STE 16 KISSIMMEE, FL 34741-5192 ☒ Change ☐ Addition
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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) 		MAY 5, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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