2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2008 08:00 AN Secretary of State **DOCUMENT # S45799** 1. Entity Name DODARO INVESTMENT CORP. Principal Place of Business Mailing Address 5710 HAYES ST. 5710 HAYES ST. HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 US 03212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0392549 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SPENIK, S 4501 SHERIDAN ST. HOLLYWOOD, FL 33021 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 egistered agent. or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000877401 PDS 04/14/08-80013-003 150.00 TITLE NAME DODARO, BRUNO 5710 HAYES ST. STREET ADORESS HOLLYWOOD, FL CITY-ST-ZIP TITLE DODARO, LEONCE NAME STREET ADDRESS 5710 HAYES ST. CITY-ST-ZIP HOLLYWOOD, FL TITLE DODARO, FRANCO NAME STREET ADDRESS 5710 HAYES ST. DO NOT WRITE CITY-ST-ZIP HOLLYWOOD, FL IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-7IP TELLE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 aman 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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