

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74629

FILED  
Jan 29, 2007  
Secretary of State

Entity Name: ALDORA ENTERPRISES, INC.

**Current Principal Place of Business:**

23 MIAMI DR.  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3223  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

FEI Number: 65-0278501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TARABORI, DORA A.  
23 MIAMI DR.  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DSPT ( ) Delete  
Name: TARABORI, DORA A.,  
Address: 23 MIAMI DR.  
City-St-Zip: LAKE PLACID, FL 33852 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA A. TARABORI

PRES

01/29/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date