## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 08:00 AM Secretary of State **DOCUMENT # V66248** 1. Entity Name DORAL STEAK ON THE RUN, INC. Principal Place of Business Mailing Address P.O. BOX 330044 351 N.W. 42ND AVE COCONUT GROVE, FL 33233 US STE. 600 MIAMI, FL 33126 US 02072005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0395672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOLOOKI, HAMID 351 N.W. 42ND AVE STE 600 IN THIS SPACE MIAMI, FL 33126 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. IIILE BOLOOKI, HAMID NAME 351 NW 42 AVE, STE, 600 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP TITLE NAME U00000352117 05/03/05-80015-011 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP NAME STREET ADDRESS CffY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**