


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90115 001 ***158.75

DOCUMENT # 260237			
1. Entity Name DOSAL TOBACCO CORPORATION			
Principal Place of Business 4775 NW 132 STREET BAY 2 OPA LOCKA, FL 33054		Mailing Address 200 SOUTH BISCAYNE BOULEVARD 4100 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address 100 SE 2nd Street 34th Floor	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33131		2158	
4. FEI Number 59-0979845		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> X		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS, 200 SOUTH BISCAYNE BOULEVARD #4100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name BIPC CORPORATE REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street 34th Floor City Miami FL Zip Code 33131	
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. BIPC CORPORATE REGISTERED AGENTS, INC. SIGNATURE: <u>Guillermo J. Fernandez-Quinocas Esquivel</u> 04/21/05 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD DOSAL, MARGARITA 4775 NW 132 STREET OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOSAL, GEORGE 4775 NW 132 STREET OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTON, BEATRIZ 4775 NW 132 STREET OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSAL, MIRIAM 4775 NW 132 STREET OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>J. Randy Nady</u>		Date: <u>4-21-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	