

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 260237

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: DOSAL TOBACCO CORPORATION

**Current Principal Place of Business:**

4775 NW 132 STREET  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

2 S BISCAYNE BLVD.  
STE 1900  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 59-0979845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: DOSAL, MARGARITA  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: VD  
Name: DOSAL, GEORGE  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: D  
Name: BOLTON, BEATRIZ  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: D  
Name: DOSAL, MIRIAM  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: CEO  
Name: NADER, YOLANDA  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: CFO  
Name: NADER, YOLANDA  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: YOLANDA NADER

CEO

01/05/2012

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

\_\_\_\_\_ Date