

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002028

**Entity Name:** DORAL COLLEGE, INC.

**Current Principal Place of Business:**

11100 NW 27TH STREET  
BUILDING C-109  
DORAL, FL 33172

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC7044745417**

**Current Mailing Address:**

6340 SUNSET DRIVE  
MIAMI, FL 33143 US

**FEI Number:** 65-1115240

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name FUSTE, LUIS  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name GRANT, WENDY  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR, VC  
Name FIGUEROA, ANDREINA  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title PRESIDENT  
Name FLORES, ANITERE  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name ABELLO, ROBERT DR.  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name BALEPOGI, LOURDES  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name HAGGARD, MICHAEL  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name PUIG, CLAUDIA  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREINA FIGUEROA

VC

04/27/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VIGNOLO, SOPHIA  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name VIGNOLO, SOPHIA  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name GARCIA, JUAN  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name GARCIA, JUAN  
Address 11100 NW 27TH STREET  
BUILDING C-109  
City-State-Zip: DORAL FL 33172