2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002028

Entity Name: DORAL COLLEGE, INC.

Current Principal Place of Business:

11100 NW 27TH STREET MIAMI. FL 33172

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:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED May 01, 2013

Secretary of State

CC5428326607

Officer/Director Detail:

Title DPC Title

FUSTE, LUIS GRANT, WENDY Name Name

11100 NW 27TH STREET Address 11100 NW 27TH STREET Address

City-State-Zip: MIAMI FL 33172 MIAMI FL 33172 City-State-Zip:

Title DIRECTOR Title VC

Name ESQUIJAROSA, JENNY Name FIGUEROA, ANDREINA Address 11100 NW 27TH STREET Address 11100 NW 27TH STREET

MIAMI FL 33172 City-State-Zip: MIAMI FL 33172 City-State-Zip:

DIRECTOR Title Title **DIRECTOR**

Name ABELLO, ROBERT DR. ROCA. ANTONIO Name Address 11100 NW 27TH STREET

11100 NW 27TH STREET Address

City-State-Zip: MIAMI FL 33172 City-State-Zip: MIAMI FL 33172

Title DIRECTOR Title DIRECTOR

HAGGARD, MICHAEL Name BALEPOGI, LOURDES Name

11100 NW 27TH STREET Address 11100 NW 27TH STREET Address

City-State-Zip: MIAMI FL 33172 City-State-Zip: MIAMI 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.

05/01/2013 SIGNATURE: LUIS FUSTE **CHAIR**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name PUIG, CLAUDIA

Address 11100 NW 27TH STREET

City-State-Zip: MIAMI FL 33172