

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 260237

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC3054609850**

**Entity Name:** DOSAL TOBACCO CORPORATION

**Current Principal Place of Business:**

4775 NW 132 STREET  
OPA LOCKA, FL 33054

**Current Mailing Address:**

2 S BISCAYNE BLVD.  
STE 1900  
MIAMI, FL 33131

**FEI Number:** 59-0979845

**Certificate of Status Desired:** No

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

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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	D	Title	D
Name	BOLTON, BEATRIZ	Name	DOSAL STONE, MIRIAM
Address	4775 NW 132 STREET	Address	4775 NW 132 STREET
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	OPA LOCKA FL 33054
Title	CEO, CFO, SECRETARY	Title	D
Name	NADER, YOLANDA	Name	DOSAL OWEN, MARGARITA
Address	4775 NW 132 STREET	Address	4775 NW 132 STREET
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	OPA LOCKA FL 33054
Title	PD		
Name	DOSAL, GEORGE		
Address	4775 NW 132 STREET		
City-State-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**

**03/28/2018**

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

\_\_\_\_\_  
Date