# 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: ISABEL CALAMA

Electronic Signature of Signing Officer/Director Detail

STD

# 04/28/2017

Date

#### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076912

Entity Name: THE DORAL PALMS, INC.

## Current Principal Place of Business:

900 BISCYANE BLVD SUITE 5706 MIAMI, FL 33132

#### **Current Mailing Address:**

PO BOX 310247 MIAMI, FL 33231 02

## FEI Number: 20-1109971

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

Electronic Signature of Registered Agent

PADRO, JOSE F 2520 NW 97 AVE SUITE 120 MIAMI, FL 33176 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:

Officer/Director Detail :			
Title	PD	Title	STD
Name	KREUTZBERGER, PATRICIO	Name	CALAMA, ISABEL
Address	900 BISCAYNE BLVD, SUITE 5706	Address	900 BISCAYNE BLVD, SUITE 5706
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

# Apr 28, 2017 Secretary of State CC9013955586

FILED

Certificate of Status Desired: No

Date