2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007333

FILED May 03, 2005 Secretary of State

Entity Name: EL DORAL OFFICE CONDOMINIUM ASSOCIATION INC.

Current Princip	oal Place of Business:	New Princi	pal Place of Business:

2441 NW 93RD AVE 2441 NW 93RD AVE 101

109-B

MIAMI, FL 33172 DORAL, FL 33172

Current Mailing Address: New Mailing Address:

2441 NW 93RD AVE 2441 NW 93RD AVE 101

MIAMI, FL 33172 DORAL, FL 33172

FEI Number: 22-3859674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GALLARDO, ALBA MESA, MICHAEL 2441 NW 93 RD AVE 2441 NW 93 RD AVE STE 104 101 MIAMI, FL 33172 US DORAL, FL 33172 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: MICHAEL MESA 05/03/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GALLARDO, ALBA Name: VERAS, ALDO Name: Address: 2441 NW 93RD SUITE 104 Address: 2441 NW 93RD SUITE 109

City-St-Zip: MIAMI, FL 33172 City-St-Zip: DORAL, FL 33172

Title: SD Title: (X) Change () Addition () Delete

Name: GORDON, KEN Name: CASTEDO, KARL

Address: 2441 NW 93RD AVE. SUITE 106 Address: 2441 NW 93 AVE SUITE 105 City-St-Zip: MIAMI, FL 33172 City-St-Zip: DORAL, FL 33172

Title: () Delete Title: () Change () Addition

VERAS, JULIO Name: Name: 2441 NW 93RD AVE STE 109B Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip:

Title: () Delete Title: VPD () Change (X) Addition

Name: Name: MESA, MICHAEL A

2441 NW 93 AVE SUITE 101 Address: Address:

City-St-Zip: City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL A. MESA **VPD** 05/03/2005