

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007333

FILED  
May 01, 2006  
Secretary of State

Entity Name: EL DORAL OFFICE CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

2441 NW 93RD AVE  
101  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2441 NW 93RD AVE  
101  
DORAL, FL 33172

**New Mailing Address:**

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

MESA, MICHAEL  
2441 NW 93 RD AVE  
101  
DORAL, FL 33172 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VERAS, ALDO  
Address: 2441 NW 93RD SUITE 109  
City-St-Zip: DORAL, FL 33172

Title: SD ( ) Delete  
Name: CASTEDO, KARL  
Address: 2441 NW 93 AVE SUITE 105  
City-St-Zip: DORAL, FL 33172

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

Title: VPD ( ) Delete  
Name: MESA, MICHAEL A  
Address: 2441 NW 93 AVE SUITE 101  
City-St-Zip: DORAL, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date