2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# N00000007333

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 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 MESA VPD 07/05/2007

Electronic Signature of Signing Officer or Director — Date