


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009862 1. Entity Name DORAL FLEX II CONDOMINIUM, INC.	
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Principal Place of Business 7311 NW 12TH ST SUITE #30 MIAMI, FL 33126	Mailing Address 7311 NW 12TH ST SUITE #30 MIAMI, FL 33126
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02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2351808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICE OF ZACHARY ZURICH, PL
 640 ISLE OF PALMS
 FORT LAUDERDALE, FL 33301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WENER, HAIM 7311 NW 12TH ST #30 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALVADOR, LESLIE P 7311 NW 12TH ST #30 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOJEIRO, AMPARO 7311 NW 12TH ST #30 MIAMI, FL 33126
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 03/18/05-80030-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #