


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009862

1. Entity Name
DORAL FLEX II CONDOMINIUM, INC.



Principal Place of Business 7311 NW 12TH ST SUITE #26 MIAMI, FL 33126	Mailing Address 7311 NW 12TH ST SUITE #26 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



03112006 No Chg-NP CR2E037 (11/05)

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

**ABREU, WILFREDO PRES
 7311 NW 12TH ST, #26
 MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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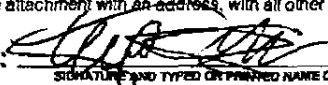
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABREU, WILFREDO P 7311 NW 12TH ST #26 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLAZER, RICHARD VPD 7311 NW 12TH ST #26 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECHARRI, RAFAEL S 7311 NW 12TH ST #26 MIAMI, FL 33126
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 03/28/06-80050-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Wilfredo Abreu** **3/15/06** **305-785-7993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oaytime Phone #