


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**  
**POSTED**

DOCUMENT # N02000009862 1. Entity Name DORAL FLEX II CONDOMINIUM, INC.	
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Principal Place of Business 7311 NW 12TH ST SUITE #26 MIAMI, FL 33126	Mailing Address 8100 SW 81 STREET #210 MIAMI, FL 33143
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03262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

HECHTMAN, BARRY I PA  
8100 SW 81 DR. #210  
MIAMI, FL 33143

**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, 2008**

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 GARHAMMER, BRIAN 7311 NW 12 ST #7 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAXMAN, ARTHUR 7311 NW 12TH ST #11 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000883182  
04/16/08-80070-017 61.25

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IN THIS SPACE**

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:  4/2/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #