

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90062 010 ****61.25

DOCUMENT # 734849 1. Entity Name WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, INC.					
Principal Place of Business 131 SW 109 AVE MIAMI, FL 33174 US			Mailing Address 275 FONTAINEBLEAU BLVD X SUITE 312 X MIAMI, FL 33174 X US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 400 S.W. 107 Ave. Suite, Apt. #, etc. # 312 Miami, FL Zip 33174 Country USA			
4. FEI Number 59-1775204				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIQUE S. LIMA C/O EXCEL MANAGEMENT ASSOC. 275 FONTAINEBLEAU BLVD, SUITE 140 MIAMI, FL 33174			7. Name and Address of New Registered Agent Name ONEIDA MORENO Street Address (P.O. Box Number is Not Acceptable) 400 S.W. 107th Ave. Suite 312 City Miami FL Zip Code 33174		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/19/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENEDO, ARMANDO 13220 SW 38TH TERR. MIAMI, FL 33175		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRACIA, DAYS 10851 SW 2 ST, #K-301 MIAMI, FL 33174		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ-COSJO, LAURA M 131 SW 109TH AVE. #L-2 MIAMI, FL 33174		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VILCHEZ, ROBERTO 10851 SW 2 ST, #K-206 MIAMI, FL 33174		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, MARIA 131 SW 109TH AVE. L-9 SWEETWATER, FL 33174		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, HECTOR 120 SW-108TH AVE. #1-4 SWEETWATER, FL 33174		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MARIA SIERRA 130 S.W. 109 Ave. # L-9 Miami, FL 33174		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D EDGARDO RAMOS 110 S.W. 108 Ave. # H-5 Miami, FL 33174		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 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: Armando Penedo 4/19/04 (305) 220-5684 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					