


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90037 020 ****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 400 SW 107 AVE. #312 MIAMI, FL 33174 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORENO, ONEIDA 400 SW 107TH AVE. STE. 312 MIAMI, FL 33174				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 <i>Oneida Moreno</i>				DATE <i>4/1/2005</i>	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENEDO, ARMANDO			NAME	
STREET ADDRESS	13220 SW 38TH TERR.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, MARIA			NAME	<i>Georgina Otazo</i>
STREET ADDRESS	130 SW 109 AVE, #L9			STREET ADDRESS	<i>130 S.W. 108 Ave. # J-11</i>
CITY-ST-ZIP	MIAMI, FL 33174			CITY-ST-ZIP	<i>Miami, FL 33174</i>
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, EDGARDO			NAME	<i>Rosario Vilchez</i>
STREET ADDRESS	110 SW 108 AVE., #H5			STREET ADDRESS	<i>10851 S.W. 24 St. # K-206</i>
CITY-ST-ZIP	MIAMI, FL 33174			CITY-ST-ZIP	<i>Miami, FL 33174</i>
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Armando Penedo</i>				Date: <i>4/1/2005</i> (305) 220-5684	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	