

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 734849

1. Entity Name
WEST FLAGLER HERITAGE NUMBER TWO
CONDOMINIUM, INC.



FILED
06 OCT 19 PH 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

10162006 Chg-NP CR2E037 (4/06)

City & State
Zip Country

4. FEI Number
59-1775204

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SISO, JUAN
10851 S.W. 2ND ST. #K-103
MIAMI, FL 33174
XXXXXXXXXXXX~~

7. Name and Address of New Registered Agent

Name
HECTOR NUNEZ

Street Address (P.O. Box Number is Not Acceptable)
120 S.W. 108th Avenue # I-4

400081026304

City
Miami

10/19/06--01036--009 P- 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 _____ DATE 10/17/2006

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

Amended AR is \$61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISO, JUAN <input checked="" type="checkbox"/> Delete 10851 S.W. 2ND ST., #K-103 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALMIERI, BERTHA <input type="checkbox"/> Delete 10851 S.W. 2ND ST. K-203 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NUNEZ, HECTOR <input checked="" type="checkbox"/> Delete 120 S.W. 108 AVE., #I-4 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANGAS, ALBERTO <input checked="" type="checkbox"/> Delete 130 S.W. 108 AVE., #M-6 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALGADO, ANTONIO <input checked="" type="checkbox"/> Delete 10851 S.W. 2ND ST., #K-305 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUASSO, MANUEL <input checked="" type="checkbox"/> Delete 10851 S.W. 2ND ST., #K-303 MIAMI, FL 33174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HECTOR NUNEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 S.W. 108th Ave. # I-4 Miami, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ANTONIO SALGADO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10851 S.W. 2nd. St. # K-305 Miami, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Daisy Gracia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10851 S.W. 2nd. St. # K-301 Miami, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grisel Herrera <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 120 S.W. 108th Ave. # I-1 Miami, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luis Martinez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10851 S.W. 2nd. St, # K-307 Miami, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alberto Cangas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 130 S.W. 109th Ave. # M-6 Miami, FL 33174

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: Hector Nunez/President 10/17/2006 (305) 220-5684

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