

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90027 002 ****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**

50009799



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1775204

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORENO, ONEIDA
400 SW 107 AVE
STE 312
MIAMI, FL 33174**

Name

Juan Siso

Street Address (P.O. Box Number is Not Acceptable)

10851 S.W. 2nd. St. # K-103

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

Juan Siso

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

4/1/2006

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PENEDO, ARMANDO	
STREET ADDRESS	13220 SW 38TH TERR.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OTEN, GEORGINA	
STREET ADDRESS	130 SW 108 AVE # J-11	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VILCHEZ, ROBERTO	
STREET ADDRESS	10851 SW 2ND ST # K-206	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Siso	
STREET ADDRESS	10851 S.W. 2nd. St. # K-103	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bertha Palmieri	
STREET ADDRESS	10851 S.W. 2nd. St. # K-203	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector Nunez	
STREET ADDRESS	120 S.W. 108 Ave. # I-4	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alberto Cangas	
STREET ADDRESS	130 S.W. 108 Ave. # M-6	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Antonio Salgado	
STREET ADDRESS	10851 S.W. 2nd. St. # K-305	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manuel Duasso	
STREET ADDRESS	10851 S.W. 2nd. St. # K-303	
CITY-ST-ZIP	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:

Juan Siso **Juan Siso**

President

4/1/2006 (305)220-5684

Date

Daytime Phone #