

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009862

1. Entity Name
DORAL FLEX II CONDOMINIUM, INC.



Principal Place of Business

**7311 NW 12TH ST
SUITE #26
MIAMI, FL 33126**

Mailing Address

**7311 NW 12TH ST
SUITE #26
MIAMI, FL 33126**



03112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2351808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABREU, WILFREDO PRES
7311 NW 12TH ST, #26
MIAMI, FL 33126**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABREU, WILFREDO P
STREET ADDRESS	7311 NW 12TH ST #26
CITY-STATE-ZIP	MIAMI, FL 33126
TITLE	VPD
NAME	GLAZER, RICHARD VPD
STREET ADDRESS	7311 NW 12TH ST #26
CITY-STATE-ZIP	MIAMI, FL 33126
TITLE	S
NAME	ECHARRI, RAFAEL S
STREET ADDRESS	7311 NW 12TH ST #26
CITY-STATE-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000471354
03/28/06-80050-009 61.25

**DO NOT WRITE
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: **Wilfredo Abreu**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 **305-785-7993**

Date Daytime Phone