2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

						. IVI	ay 14,	Z UU /	0:00	am
DOCUMENT # N0200009862 1. Entity Name DORAL FLEX II CONDOMINIUM, INC.						Secretary of State 05-14-2007 90068 011 ****61.25				
7311 NW 12TH ST 73 SUITE #26 SL MIAMI, FL 33126 MI		7311 Suite Miam	Mailing Address 7311 NW 12TH ST SUITE #26 MIAMI, FL 33126							
81			Mailing Address B100 SW 81 DRIVE							
Suite, Apt. #, etc.		115	Suite, Apt. #, etc.			04132007	Chg-NP	CR2E03	37 (12/06)	
,			City & State City & State F4			4. FEI Numb 56-235		***	_ 	plied For
Zip	Country	32 32	T T	Country			of Status Desired		\$8.75 Add	
	_6. Name and Address of Cu	rrent Registered	d Agent			7. Name and	i Address of Nev	v Registered /		
	/ILFREDO PRES I2TH ST, #26 33126			Street A	address (P.O. Box Numb	er is Not Accepta	an f	7:- 6-4	<u></u> 42
SIGNATURE	Signature, typed or printed name Wiregistere Filling Fee is \$61.25 Due by May 1, 2007	d agent and title if appli	THECHT (NOTE: 1) 9. Election Camp Trust Fund Co		cure required	when reinstating) \$5.00 May B Added to Fees		H/19/C DATE Make check lorida Depar		
10.	,	ND DIRECTORS		11.			IANGES TO OFFI	CERS AND DI	RECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABREU, WILFREDO P 7311 NW 12TH ST #26 MIAMI, FL 33126		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800	NW I	arhami aso st FL 3	ner # 5 31 96	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLAZER, RICHARD VPD 7311 NW 12TH ST #26 MIAMI, FL 33126		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Change

Addition

☐ Delete