## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009862

TAXMAN, ARTHUR

MIAMI, FL 33126

7311 NW 12TH ST #11

Name:

Address:

City-St-Zip:

Entity Name: DORAL FLEX ILCONDOMINIUM INC

FILED Apr 08, 2009 Secretary of State

Littly Nai	HE. DORALFI	LEX II CONDOMINION, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
7311 NW 1 SUITE #26 MIAMI, FL			8100 SW 81 DRIVE SUITE 210 MIAMI, FL 33143		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
8100 SW 8 #210 MIAMI, FL			8100 SW 81 DRIVE SUITE 210 MIAMI, FL 33143		
FEI Number:	56-2351808	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	N, BARRY I PA 11 DR. #210 33143 US	4			
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its register	red office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () GARHAMMER, E 7311 NW 12 ST MIAMI, FL 3312	#7	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD () GLAZER, RICHA 7311 NW 12TH S MIAMI, FL 3312	ST #26	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () ECHARRI, RAFA 7311 NW 12TH S MIAMI, FL 3312	ST #26	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	T ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN GARHAMMER P 04/08/2009