


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90177 030 \*\*\*\*61.25

DOCUMENT # N03000003883			
1. Entity Name DORAL EDGE CORPORATE PARK CONDOMINIUM NO. 3 ASSOCIATION INC.			
Principal Place of Business 11030 N. KENDALL DR., SUITE 100 MIAMI, FL 33176		Mailing Address 11030 N. KENDALL DR., SUITE 100 MIAMI, FL 33176	
2. Principal Place of Business 5900 N.W. 99 AVENUE Suite, Apt. #, etc.		3. Mailing Address C/O PENINSULA REAL ESTATE Suite, Apt. #, etc. 2026 S.W. 1 ST. #6	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33178		Zip 33135	
Country		Country	
4. FEI Number 57-1167690		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLAR, GABRIEL 11030 N. KENDALL DR., SUITE 100 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name CARLOS DE LA RIONDA Street Address (P.O. Box Number is Not Applicable) C/O PENINSULA REAL ESTATE 2026 S.W. 1 ST. #6 City MIAMI FL Zip 33135	
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 CARLOS DE LA RIONDA		Date 4/26/2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS	
TITLE PD NAME VILLAR, GABRIEL STREET ADDRESS 11030 N. KENDALL DR., SUITE 100 CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME VASQUEZ, JOHANNY STREET ADDRESS 11030 N. KENDALL DR., SUITE 100 CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PALLIN, RAMON STREET ADDRESS 11030 N. KENDALL DR., SUITE 100 CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or 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 a true and correct copy of the other like documents.			
SIGNATURE: GABRIEL VILLAR		PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/26/2005	
		Page No. 305-642-5223	

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