

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90238 024 ****61.25

DOCUMENT # N04000007554
 1. Entity Name
DORAL EDGE CORPORATE PARK CONDOMINIUM NO. 2 ASSOCIATION INC.



Principal Place of Business 5930 N.W. 99 AVENUE MIAMI, FL 33178	Mailing Address C/O PENINSULA REAL ESTATE 2026 S.W. 1 ST. #6 MIAMI, FL 33135
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01272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 57-1214428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DE LA RIONDA, CARLOS
 C/O PENINSULA REAL ESTATE
 2026 S.W. 1 ST. #6
 MIAMI, FL 33135**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD FUENTES, GUSTAVO 5930 N.W. 99 AVENUE #1 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINTO, ANA M 5930 N.W. 99 AVENUE #7 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCIANI, RODOLFO 5930 N.W. 99 AVENUE #6 MIAMI, FL 11378
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: G. Fuentes Pinto 3/10/2006 305-642-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #