


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90197 006 ****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
 P.O. BOX 228055
 MIAMI, FL 33122

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 c/o PENINSULA REAL ESTATE
 2026 S.W. 1st ST. #6

City & State
 MIAMI, FLORIDA

Zip
 33135

Country

4. FEI Number
 57-1214428

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

02202007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 MP PROPERTY MANAGEMENT INC.
 3575 WEST 72 ST.
 HIALEAH, FL 33018

7. Name and Address of New Registered Agent
 Name DE LA RIONDA, CARLOS
 Street Address (P.O. Box Number is Not Acceptable)
 c/o PENINSULA REAL ESTATE, INC.
 2026 S.W. 1st STREET # 6
 City MIAMI FL Zip Code 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 3/1/2007

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, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUENTES, GUSTAVO 5930 N.W. 99 AVENUE #1 MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINTO, ANA M 5930 N.W. 99 AVENUE #7 MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCIANI, RODOLFO 5930 N.W. 99 AVENUE #6 MIAMI, FL 11378	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Gustavo Fuentes* DATE: 3/1/2007 DAYTIME PHONE #: 305-642-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR