

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 27, 2007
Secretary of State

DOCUMENT# N05000008362

Entity Name: DORAL EDGE WEST CONDOMINIUM NO. 1 ASSOCIATION INC.**Current Principal Place of Business:**5981-5993 N.W. 102 AVE
MIAMI, FL 33178**New Principal Place of Business:****Current Mailing Address:**C/O PENINSULA REAL ESTATE
2026 SW 1ST STREET SUITE 6
MIAMI, FL 33135**New Mailing Address:****FEI Number:** 24-2184365**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DE LA FLORIDA, CARLOS
C/O PENINSULA REAL ESTATE, INC
2026 SW 1ST STREET SUITE 6
MIAMI, FL 33135 US**Name and Address of New Registered Agent:**DE LA RIONDA, CARLOS
C/O PENINSULA REAL ESTATE, INC
2026 SW 1ST STREET SUITE 6
MIAMI, FL 33135 US

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.

SIGNATURE: CARLOS DE LA RIONDA

08/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: PIZANELLI, MARCIO R
Address: 5983 N.W. 102 AVE
City-St-Zip: MIAMI, FL 33178**Title:** SD () Delete
Name: GONZALEZ, ROGER
Address: 5989 N.W. 102 AVE
City-St-Zip: MIAMI, FL 33178**Title:** TD (X) Delete
Name: CAMARGO, JOSE
Address: 5993 N.W. 102 AVE
City-St-Zip: MIAMI, FL 33178**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CARLOS DE LA RIONDA

RA

08/27/2007

Electronic Signature of Signing Officer or Director

Date