


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90008 023 ****61.25

DOCUMENT # N05000008370			
1. Entity Name DORAL EDGE WEST CONDOMINIUM NO. 2 ASSOCIATION INC.			
Principal Place of Business 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176		Mailing Address 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176	
2. Principal Place of Business 5941-5963 N.W. KZAR C/O PENINSULA PEN ESTATE		3. Mailing Address SUITE, APT. #, etc. 2026 S.W. 1 ST. #6	
City & State Miami FL		City & State Miami FL	
Zip 33179		Country Miami Beach	
Zip 33135		Country Miami Dale	
5. Name and Address of Current Registered Agent VALLE, MARIA F ESQ. 3750 N.W. 87 AVENUE UNIT 100 DORAL, FL 33178		7. Name and Address of New Registered Agent Name: CARLOS DE LA FUONDA Street Address (P.O. Box Number is Not Acceptable): C/O PENINSULA PEN ESTATE 2026 S.W. 1 ST. #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: <i>Carlos de la Fuonda</i> <i>Permit</i> DATE: <i>5/26/06</i>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAR, GABRIEL 11030 N. KENDALL DRIVE #100 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	SD VASQUEZ, JOHANNY 11030 N. KENDALL DRIVE #100 MIAMI, FL 33178 <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	TD PALLIN, RAMON 11030 N. KENDALL DRIVE #100 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
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: <i>G. Villar</i> <i>Permit</i>		DATE: <i>5/26/06</i> DYSNAME: <i>6405023</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	