2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06354

Address:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Name: DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 2 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: ALLIED PROPERTY GROUP INC. ALLIED PROPERTY GROUP INC. 13200 SW 128 ST #B-2 12350 SW 132 CT. # 114 MIAMI, FL 33186 MIAMI, FL 33186 **Current Mailing Address:** New Mailing Address: ALLIED PROPERTY GROUP INC. ALLIED PROPERTY GROUP INC. 12350 SW 132 CT. # 114 13200 SW 128 ST #B-2 MIAMI, FL 33186 MIAMI, FL 33186 FEI Number: 59-2564899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUBITZ, ALAN H EISINGER, BROWN, KOSS 4000 HÓLLYWOOD BLVD 4000 HOLLYWOOD BLVD STE 265 S STE 265 S HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 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: DENNIS EISINGER 04/26/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CIRILLO, CLAUDIA Name: Name: 4970 NW 102 AVE #203 Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition MARTIN, JAN Name: MARTIN, JAN Name: Address: 4970 NW 102 AVE., #205 Address: 4970 NW 102 AVE., #205 City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 Title: () Delete Title: (X) Change () Addition DIAS, DANIEL DIAS, DANIEL Name: Name: 4980 NW 102 AVE #202 Address: 4980 NW 102 AVE #202 Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 Title: () Delete Title: () Change (X) Addition Name: Name: BARAYA, LUZ

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.

Address:

City-St-Zip:

4970 NW 102 AVE. # 206

DORAL, FL 33178

SIGNATURE: JAN MARTIN P 04/26/2007