

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90425 029 ****61.25

DOCUMENT # N99000003470					
1. Entity Name DORAL BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 255 ALHAMBRA CIRCLE 1100 MIAMI, FL 33134			Mailing Address 255 ALHAMBRA CIRCLE 1100 MIAMI, FL 33134		
2. Principal Place of Business 8328 NW 30th Terrace Suite, Apt. #, etc.		3. Mailing Address 8328 NW 30th Terrace Suite, Apt. #, etc.			
City & State Miami, FL 33122		City & State Miami, FL 33122		4. FEI Number 65-0935223	
Zip 33122		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZWANG, STEPHEN 255 ALHAMBRA CIRCLE STE 1100 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name: Robert Plaster Street Address (P.O. Box Number is Not Acceptable): 8328 NW 30th Terrace City: Miami FL Zip Code: 33122	
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: April 27, 2005	
Filing Fee \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: PD NAME: PLASTER, ROBERT STREET ADDRESS: 8328 NW 30TH TERRACE CITY-ST-ZIP: MIAMI, FL 33122	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD NAME: AHREND, HEINZ STREET ADDRESS: 8300 NW 30TH TERR. CITY-ST-ZIP: MIAMI, FL 33122	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: PEREZ, JAVIER STREET ADDRESS: 8348 NW 30TH TERR. CITY-ST-ZIP: MIAMI, FL 33122	<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	
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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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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 an other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert G. Plaster					
Date: 4/28/05 Daytime Phone #: 3055139444					