

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147242

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** THE GRAND AT DORAL TWO, INC.

**Current Principal Place of Business:**

8433 W OKEECHOBEE ROAD  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

12484 NW SOUTH RIVER DR  
MEDLEY, FL 33178

**Current Mailing Address:**

8433 W OKEECHOBEE ROAD  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

12484 NW SOUTH RIVER DR  
MEDLEY, FL 33178

**FEI Number:** 20-3744871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALDES, PABLO J  
8433 W OKEECHOBEE ROAD  
HIALEAH GARDENS, FL 33016 US

**Name and Address of New Registered Agent:**

VALDES, PABLO J  
12484 NW SOUTH RIVER DR  
MEDLEY, FL 33178 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/21/2009

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: VALDES, PABLO J  
Address: 8433 W OKEECHOBEE ROAD  
City-St-Zip: HIALEAH GARDENS, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: VALDES, PABLO J  
Address: 12484 NW SOUTH RIVER DR  
City-St-Zip: MEDLEY, FL 33178

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO J VALDES

Electronic Signature of Signing Officer or Director

P

04/21/2009

Date