

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007554

**Entity Name:** DORAL EDGE CORPORATE PARK CONDOMINIUM NO. 2 ASSOCIATION INC.

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC3819868303**

**Current Principal Place of Business:**

5930 N.W. 99 AVENUE  
MIAMI, FL 33178

**Current Mailing Address:**

C/O PENINSULA REAL ESTATE, INC.  
2026 S.W. 1ST ST. #6  
MIAMI, FL 33135

**FEI Number: 57-1214428**

**Certificate of Status Desired: No**

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

DE LA RIONDA, CARLOS  
C/O PENINSULA REAL ESTATE, INC.  
2026 S.W. 1ST STREET #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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FUENTES, GUSTAVO  
Address 5930 N.W. 99 AVENUE #1  
City-State-Zip: DORAL FL 33178

Title STD  
Name VARGAS, ANA M  
Address 5930 N.W. 99 AVENUE #7  
City-State-Zip: DORAL FL 33178

Title VPD  
Name DIAZ-FUENTES, OSMANIA  
Address 5930N.W. 99 AVENUE # 4  
City-State-Zip: DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE: GUSTAVO FUENTES**

**PRESIDENT**

**05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date