

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 18, 2009
Secretary of State**

DOCUMENT# 733364

Entity Name: 4011 PROFESSIONAL CENTER CONDOMINIUM, INC.

Current Principal Place of Business:

4011 WEST FLAGLER STREET
SUITE #501
MIAMI, FL 331341643 US

New Principal Place of Business:

Current Mailing Address:

4011 WEST FLAGLER STREET
SUITE #501
MIAMI, FL 331341643 US

New Mailing Address:

FEI Number: 59-1652669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDA-POSADA P.A.
12394 SW 82 AVENUE
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUERRA, EDY A
Address: 4011 W FLAGLER ST #506
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CARRENA, LEOPOLDO D
Address: 4011 W. FLAGLER STREET #404
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: COX, CHARLIE
Address: 4011 W FLAGLER STREET #405
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: VALENCIA, NELLY
Address: 4011 W FLAGLER ST #201
City-St-Zip: MIAMI, FL

Title: D (X) Delete
Name: ARMADA, JORGE L
Address: 4011 WEST FLAGLER STREET #501
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COX, CHARLIE
Address: 4011 W FLAGLER STREET #405
City-St-Zip: MIAMI, FL

Title: D (X) Change () Addition
Name: VALENCIA, NELLY
Address: 4011 W FLAGLER ST #201
City-St-Zip: MIAMI, FL

Title: D (X) Change () Addition
Name: ARMADA, JORGE L
Address: 4011 WEST FLAGLER STREET #501
City-St-Zip: MIAMI, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: EDY A. GUERRA

PD

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date