2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762202

FILED Jan 21, 2009 Secretary of State

Entity Name: HIALEAH COMMERCE PLAZA CONDOMINIUM ASSOCIATION, INC

| y | | OOMMERCE FERENCE OOME | | 100001/111 | O14, 1140. | | | |
|---|---|--------------------------------|----------------------|--|---|------------|-------------------------|-------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| 1651 W 37 HIALEAH, | | JS | | | | | | |
| Current M | lailing Addres | | New Mailing Address: | | | | | |
| P.O. BOX | | ENT SERVICES INC S | | UPM P.O. BOX 440067 MIAMI, FL 331440067 US | | | | |
| FEI Number: | : 59-2402009 | FEI Number Applied For () | FEI Num | nber Not Appl | icable () | Certific | ate of Status Desired (| () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| UNLIMITED PROSPERITY MGMT. 7655 NW 50 ST MIAMI, FL 33166 US | | | | UPM 7655 NW 50 ST MIAMI, FL 33166 US | | | | |
| The above in the State | named entity se of Florida. | submits this statement for the | purpose of | f changing it | ts registered | office or | registered agent, or | both, |
| SIGNATUR | RE: UPM | | 01/21/2009 | | | | | |
| | Electron | ic Signature of Registered A | gent | | | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | | | |
| Title: Name: Address: City-St-Zip: | S () PRUNA, LAURA 7655 NW 50 ST MIAMI, FL 331 | - | | Title: Name: Address: City-St-Zip: | , | () Change | () Addition | |
| Title: Name: Address: City-St-Zip: | P () HECHAVARRZA 7655 NW ST MIAMI, FL 331 | | | Title: Name: Address: City-St-Zip: | P ECHEVARRIA 7655 NW ST MIAMI, FL 33 | A, MIGUEL | () Addition | |
| Title: Name: Address: City-St-Zip: | VP () SALEM, MICHA 7655 NW 50 ST MIAMI, FL 331 | - | | Title: Name: Address: City-St-Zip: | VP/D SALEM, MICI 7655 NW 50 MIAMI, FL 33 | HAEL ST | () Addition | |
| Title: Name: Address: City-St-Zip: | T () RODRIGUEZ, IN 7655 NW 50 ST MIAMI, FL 331 | - | | Title: Name: Address: City-St-Zip: | , | () Change | () Addition | |

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: ECHEVARRIA MIGUEL MR 01/21/2009