


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 769455</b> 1. Entity Name <b>AIRPORT LAKE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2030 NW 94TH AVENUE MIAMI FL 33172</b>	Mailing Address <b>2030 NW 94TH AVENUE MIAMI FL 33172</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E037 (10/07)

City & State  Zip      Country	City & State  Zip      Country	4. FEI Number <b>59-2355136</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>CAUNEDO JR. AGUSTIN, 2030 NW 94TH AVENUE MIAMI FL 33172</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable)      (NOTE: Registered Agent signature required when constituting)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>CAUNEDO JR, AGUSTIN</b> <input type="checkbox"/> Delete <b>2030 NW 94TH AVENUE</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>LEWIS, DONALD M</b> <input type="checkbox"/> Delete <b>2030 NW 94TH AVENUE</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HOLGUIN, JORGE</b> <input type="checkbox"/> Delete <b>2030 NW 74 AVE</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>RODRIGUEZ, LINDA</b> <input type="checkbox"/> Delete <b>2030 NW 94TH AVENUE</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 all other like empowered.

SIGNATURE: *[Handwritten Signature]*

1/22/2008 205 193-1757