2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N02000004194

Entity Name: MAGINI WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 570101
MIAMI, FL 33257

New Principal Place of Business:

12251-95 SW 129 COURT
MIAMI, FL 33186

Current Mailing Address:

P.O. BOX 570101
MIAMI, FL 33257

New Mailing Address:

FEI Number: 02-0608276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAPRADD, WESTLEY
9300 S.W. 178 STREET
MIAMI, FL 33257 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: DPVS ( ) Delete
Name: SIGNORINI, MARIO
Address: P.O. BOX 570101
City-St-Zip: MIAMI, FL 33257

Title: T ( ) Delete
Name: SIGNORINI, MARIO
Address: P.O. BOX 570101
City-St-Zip: MIAMI, FL 33257

Title: D ( ) Delete
Name: SIGNORINI, GIANFREDO
Address: P.O. BOX 570101
City-St-Zip: MIAMI, FL 33257

Title: D ( ) Delete
Name: SIGNORINI, NICOLO
Address: P.O. BOX 570101
City-St-Zip: MIAMI, FL 33257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARIO SIGNORINI DPVS 01/12/2009

Electronic Signature of Signing Officer or Director — Date