

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002249

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: 12550 BISCAYNE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

18425 NE 2ND AVE., STE. 350  
MIAMI GARDENS, FL 33169

## New Principal Place of Business:

1111 PARK CENTRE BOULEVARD  
SUITE 450  
MIAMI GARDENS, FL 33169

## Current Mailing Address:

18425 NE 2ND AVE., STE. 350  
MIAMI GARDENS, FL 33169

## New Mailing Address:

1111 PARK CENTRE BOULEVARD  
SUITE 450  
MIAMI GARDENS, FL 33169

FEI Number: 26-1139248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE SECOND ST., STE. 2900  
MIAMI, FL 331312130 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: DP ( ) Delete  
Name: GOTTESMANN, RON  
Address: 18425 NE 2ND AVE., STE. 350  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DVAS ( ) Delete  
Name: SHOSHANI, NIR  
Address: 18425 NE 2ND AVE., STE. 350  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DST ( ) Delete  
Name: WELLONS, TERRY  
Address: 18425 NE 2ND AVE., STE. 350  
City-St-Zip: MIAMI GARDENS, FL 33169

## 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:

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: NIR SHOSHANI

DVAS

04/28/2008

Electronic Signature of Signing Officer or Director

Date