2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N95000005449



May 24, 2007 8:00 am Secretary of State 05-24-2007 90001 032 ****61 25 MIAMI AIRWEST TRADE CENTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address UNLIMITED PROPERTY MGMT LLC UNLIMITED PROPERTY MGMT LLC 7655 NW 50 ST 7655 NW 50 ST MIAMI, FL 33166 MIAMI, FL 33166 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0630631 Applied For City & State City & State Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEYVA, GUILLERMO UNLIMITED PROPERTY MGMT LLC 7655 NW 50 ST MIAMI, FL 33166 NOW 50 miana 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 Signature, typed or printed name of registered agent and the if applicance (NGTE, Flog storod Agent signature required when reinstaling) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE Addition TITLE ☐ Change CAPUTO CARMEN YSELA 5575 NW 74 AVENUE MIAMI, FI. 33166 HAME CAPUTO, DENIS NAME STREET ADDRESS 5575 NW 74 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP De ete Addition TUTE ☐ Change IIII F NAME LEYVA, GUILLERMO NAME Gutman, Susan 8 STREET ADDRESS **7310 NW 56 STREET** STREET ADDRESS 5555 NW MIAMI, FL 33166 CITY - ST- 7IP CITY-ST-ZIP Addition VPD ☐ Delete TITLE ☐ Change CALDERIN, ROBERTO NAME NAME 5561 NW 74 AVE STREET ADDRESS STREET ADDRESS 5565: NW CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition ARVELO, ALFONSO NAME NAME STREET ADDRESS 16972 NW 19 STREET STREET ADDRESS PEMBROKE PINES, FL 33302 CITY ST-7IP CITY-ST-7IP ☐ Change ■ Addition TITLE Delete TITLE LAGO, PABLO NAME STREET ADDRESS 7314 NW 56 ST STREET ADDRESS CJTY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR