2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2007 8:00 am **DOCUMENT # 758136 Secretary of State** 1. Entity Name 03-12-2007 90090 021 ****61.25 AIRPORT INDUSTRIAL CENTER CONDOMINIUM WAREHOUSE, INC. Principal Place of Business Mailing Address 7987 NW 33RD STREET TPS MANAGEMENT MIAMI FL 33122-1001 P.O. BOX 661554 MIAMI SPRINGS FL 33266-1554 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-2163382 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BORELL, ALEXANDER E** Street Address (P.O. Box Number is Not Acceptable) 224 DATURA STREET STE 1315 WEST PALM BEACH FL 33401 City Zip Code 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 agont. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD **Z** Delete TITLE VD Change Addition NAME MOSS, DAVID M NAME Esteban Freixas STREET ADORESS STREET ADDRESS 6073 NW 167TH ST C - 5 7967 NW 33rd Sreet CITY-S1-ZIP CITY-ST-ZIP MIAMI FL Miami, FL. 33122 TITLE ZZ Delete Addition TITLE ☐ Change NAME MONZON, JUAN CARLOS NAME Ileana Diaz Gaviria STREET ADDRESS 3290 NW 79 AVE STREET ADDRESS 3300 NW 79th Avenue CITY-S1-ZIP CITY-ST-ZIP MIAMI FL <u>Miami,</u> FL. 33122 Delete TITLE Change **\$TD** ☐ Addition NAME LOPEZ, JORGE STREET ADDRESS 7985 NW 33RD ST STREET ADDRESS 33122 CITY-SI-7IP MIAMI FL CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-ZIP IJЦ ☐ Delete TITLE Change ☐ Addition NAME NAME

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 eath; 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/23/07

Date

885-0845

FILED