2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006495

City-St-Zip:

MIAMI BEACH, FL 33139

Entity Name: 921 JEEEERSON AVE ASSOC, INC.

FILED Mar 17, 2008 Secretary of State

Littly Nai	me. 9213EFF	ERSON AVE. ASSOC., INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	ERSON AVENU ACH, FL 33139					
Current M	lailing Addres	s:	New Mailing Address:			
309 23RD #300 MIAMI BEA	STREET ACH, FL 33139)				
FEI Number: 59-2059162 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
309 23RD #300		E MANAGMENT				
The above in the State	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () PEREZ, PEDRO 921 JEFFERSO MIAMI BEACH,	N AVE 3E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () HANRECK, ROI 921 JEFFERSO MIAMI BEACH,	N AVE # 4D	Title: Name: Address: City-St-Zip:		(X) Change()Addition O, ANGELO RSON AVE # 4D CH, FL 33139	
Title: Name: Address: City-St-Zip:	TD () BRUNSWICK, 0 921 JEFFERSO MIAMI BEACH,	N AVE 2E	Title: Name: Address: City-St-Zip:		(X) Change () Addition ROLANDO RSON AVE 2E CH, FL 33139	
Title: Name: Address: City-St-Zip:	SD () CORE, CELIA 921 JEFFERSO MIAMI BEACH,		Title: Name: Address: City-St-Zip:		(X) Change ()Addition IA RSON AVE 4C CH, FL 33139	
Title: Name: Address:	D () SANTORI, LOR 921 JEFFERSO		Title: Name: Address:	D BENNETT, J 921 JEFFER	(X) Change()Addition JOHN RSON AVENUE	

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.

City-St-Zip:

MIAMI BEACH, FL 33139

SIGNATURE: TIM A. VODA OF 03/17/2008