2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007646

FILED Jan 25, 2009 Secretary of State

Entity Name: LES INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6965 NW 43 ST. 6965 NW 43 STREET

MIAMI, FL 33122 UNIT 1-8

MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

ATTN: MYRIAM PALACIOS MP PROPERTY MANAGEMENT INC.

P.O. BOX 228055 MIAMI, FL 33222 P.O. BOX 228055 MIAMI, FL 33222

FEI Number: 34-2024599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MP PROPERTY MANAGEMENT MP PROPERTY MANAGEMENT 8390 NW 53 ST # 313 8390 NW 53 ST # 313

8390 NW 53 ST # 313 8390 NW 53 ST # 313 MIAMI, FL 33222 US DORAL, FL 33222 US

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: MYRIAM PALACIOS 01/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Delete Title: () Change () Addition Name: GUTIERREZ, EFRAIN Name:

 Name:
 GOTTERREZ, EFRAIN
 Name:

 Address:
 3220 N W 16 TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33125
 City-St-Zip:

Title: VPD () Delete Title: T (X) Change () Addition Name: RODRIUGUEZ, JULIO Name: RODRIUGUEZ, JULIO

Address: 6965 NW 43 ST #2 Address: 6965 NW 43 ST #2 City-St-Zip: MIAMI, FL 33122 City-St-Zip: MIAMI, FL 33122

Title: PD () Delete Title: () Change () Addition

 Name:
 CARDOZA, OSWALDO
 Name:

 Address:
 6965 NW 43 ST. #3
 Address:

 City-St-Zip:
 MIAMI, FL 33122
 City-St-Zip:

 $\label{eq:title: VPD () Delete Title: S (X) Change () Addition} \label{eq:title: S (X) Change () Addition}$

 Name:
 SCHIEGEL, LEO
 Name:
 SCHIEGEL, LEO

 Address:
 3200 NW 77 CT.
 Address:
 3200 NW 77 CT.

 City-St-Zip:
 MIAMI, FL 33122
 City-St-Zip:
 MIAMI, FL 33122

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: JULIO RODRIGUEZ T 01/25/2009