

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 14, 2012  
Secretary of State**

DOCUMENT# 718990

Entity Name: MOFFETT CONDOMINIUM INC.

**Current Principal Place of Business:**808 MOFFETT ST.  
UNIT 1  
HALLANDALE, FL 33009**New Principal Place of Business:**808 MOFFETT ST.  
HALLANDALE, FL 33009**Current Mailing Address:**808 MOFFETT ST.  
UNIT 1  
HALLANDALE, FL 33009**New Mailing Address:**18181 NE 31CT  
1810  
AVENTURA, FL 33160

FEI Number: 59-1318645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**PEREZ, LUZ  
808 MOFFETT ST, #1  
HALLANDALE, FL 33009 US**Name and Address of New Registered Agent:**PEREZ, LUZ  
808 MOFFETT ST.  
UNIT 3 & 5  
HALLANDALE, FL 33009 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:

11/14/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**Title: PD  
Name: HUI NYE, ALICE  
Address: 808 MOFFETT ST # 4  
City-St-Zip: HALLANDALE, FL 33009Title: TD  
Name: PEREZ, LUZ  
Address: 808 MOFFETT ST # 3 & 5  
City-St-Zip: HALLANDALE, FL 33009Title: VP  
Name: LIEBE, STEVE  
Address: 808 MOFFETT ST., APT. # 2  
City-St-Zip: HALLANDALE, FL 33009Title: DR  
Name: DELCRISTO, RAYMON  
Address: 808 MOFFETT ST., APT. #1  
City-St-Zip: HALLANDALE, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: LUZ PEREZ

TD

11/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date