APR-21-2005 THU 06:37 PM EXECUTIVE FAX

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90288 008 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761379

1. Entity Name
INDUSTRY ONE CONDOMINIUM ASSOCIATION, INC.

14011243

Principal Place of Business	Mailing Address
~~2800 ISLAND BLVD~~	~~2800 ISLAND BLVD~~
~~2702~~	~~2702~~
~~AVENTURA, FL 33160 US~~	~~AVENTURA, FL 33160 US~~

04212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
8023 N.W. 66 STREET	8023 N.W. 66 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number 16-5065680 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FRAYND, FANNY~~
~~2800 ISLAND BLVD~~
~~2702~~
~~AVENTURA, FL 33160~~

7. Name and Address of New Registered Agent

Name: DANIEL LOZANO SR.
Street Address (P.O. Box Number Is Not Acceptable): 8023 N.W. 66 STREET
City: MIAMI FL Zip Code: 33166

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] 4-26-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: PDS NAME: SINGER, FANNY FRAYND STREET ADDRESS: 2800 ISLAND BLVD #2702 CITY-ST-ZIP: AVENTURA, FL 33160	☒ Delete	TITLE: P NAME: WILLIAM LOZANO STREET ADDRESS: 8023 N.W. 66 STREET CITY-ST-ZIP: MIAMI, FLA. 33166	☐ Change ☒ Addition
TITLE: D NAME: FRAYND, MARCOS STREET ADDRESS: 1835 NE MIAMI GARDENS DRIVE #144 CITY-ST-ZIP: N. MIAMI BEACH, FL 33179	☒ Delete	TITLE: VP NAME: FLOR ALBA ESCUDERO STREET ADDRESS: 8023 N.W. 66 STREET CITY-ST-ZIP: MIAMI, FLA. 33166	☐ Change ☒ Addition
TITLE: D NAME: SINGER, SALOMON STREET ADDRESS: 2800 ISLAND BLVD #2702 CITY-ST-ZIP: AVENTURA, FL 33160	☒ Delete	TITLE: NAME: DANIEL LOZANO, SR. STREET ADDRESS: 8023 N.W. 66 STREET CITY-ST-ZIP: MIAMI, FLA. 33166	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] 4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #