2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761538

FILED Feb 22, 2009 Secretary of State

Entity Name: INTERAMERICAS INDUSTRIAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
5220 NW 7	2 AVE				
BAY #7 MIAMI, FL	33166				
Current Mailing Address:			New Mail	New Mailing Address:	
INTERAME BAY #7 MIAMI, FL	ERICAS INDI 33166	USTRIAL			
FEI Number:	59-2214786	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:	
5220 NW 7 MIAMI, FL	2 AVE BAY 33166 U	S	14902 SW MIAMI, FL		
The above in the State		y submits this statement for the	e purpose of changing	its registered office or registered agent, or both,	
SIGNATURE: DAVID BETTS				02/22/2009	
	Electr	onic Signature of Registered A	gent	Date	
OFFICERS	AND DIRE	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D OCHOA, JOS 5220 NW 72 MIAMI, FL 33	AVE BAY 24	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P OCHOA, HUG 5220 NW 72 MIAMI, FL 33	AVE #7	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP MUSUMECI, 5220 NW 72 MIAMI, FL 33	AVE #4	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S QUINOLES, N 5220 NW 42 MIAMI, FL 33	AVE #29	Title: Name: Address: City-St-Zip:	TR (X) Change () Addition QUINOLES, MANUEL 5220 NW 42 AVE #29 MIAMI, FL 33166	
Title: Name: Address: City-St-Zip:	ı	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition INFANTE, JUAN 5220 NW 42 AVE. #1 MIAMI, FL 33166	

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: DAVID BETTS MNGR 02/22/2009