

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768456

FILED
Apr 21, 2009
Secretary of State

Entity Name: SIXTH AVE WAREHOUSE CONDO ASSOCIATION, INC.

Current Principal Place of Business:

11515 S.W. 97TH AVENUE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 16-3000
MIAMI, FL 33116 US

New Mailing Address:

P.O.BOX 163000
MIAMI, FL 331163000 US

FEI Number: 59-2395910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, JEAN N
11515 SW 97 AVE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BALSERA, LEONARDO
Address: 212 SW 6 AVENUE
City-St-Zip: HOMESTEAD, FL

Title: STD () Delete
Name: MARKS, JEAN N
Address: 11515 SW 97 AVE
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: BARNES, MICHAEL
Address: 228 SW 6 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: RAMOS, STAR
Address: 220 S.W. 6TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: RAMIREZ, BRUCE
Address: 13400 SW 188 AVE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEAN N. MARKS

STD

04/21/2009

Electronic Signature of Signing Officer or Director

Date