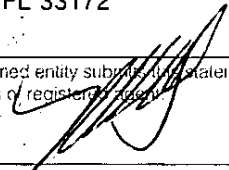


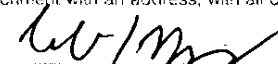
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90031 037 ****61.25

DOCUMENT # N03000010124 1. Entity Name EAST MEDLEY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8125 NW 74 AVENUE MEDLEY FL 33178			Mailing Address P.O. BOX 228055 MIAMI FL 33122		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 228055 Suite, Apt. #, etc.			
City & State Miami, FL		4. FEI Number 16-1702177		Applied For ☐ Not Applicable	
Zip 33222	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MP PROPERTY MGMT ATTN: MYRIAM PLACIOS 2600 NW 87 AVE #32 MIAMI FL 33172			7. Name and Address of New Registered Agent Name MP Property Management Street Address (P.O. Box Number is Not Acceptable) 8390 NW 58 ST #313 City Miami FL Zip 33146		
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  DATE 1/24/08 Signature, typed or printed name of registered agent and title if applicable. (NGRE Registered Agent Signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSEANO, DANIEL 8125 NW 74 AVENUE #1 MIAMI FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUILLEN, LOLY 8105 NW 33 STREET DORAL FL 33122	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRANDA, WILLIAM J 10598 NW SOUTH RIVER DRIVE MEDLEY FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemptions contained in Section 119, 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: 

1/29/08