

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010630

FILED
Apr 20, 2009
Secretary of State

Entity Name: GARDENS INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9190 NW 119ST
BAY 3
HIALEAH, FL 33018

New Principal Place of Business:

9190 NW 119 ST
BAY 3
HIALEAH GARDENS, FL 33018

Current Mailing Address:

9190 NW 119ST
BAY 3
HIALEAH, FL 33018

New Mailing Address:

9190 NW 119 ST
BAY 3
HIALEAH GARDENS, FL 33018

FEI Number: 55-0861826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRIOS, ARDIEL
8935 NW 112 TERRACE
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

BARRIOS, ARDIEL
8935 NW 112 TERRACE
HIALEAH GARDENS, FL 33018 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: ARDIEL BARRIOS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: BARRIOS, ARDIEL
Address: 8935 NW 112 TERRACE
City-St-Zip: HIALEAH, FL 33018

Title: VD () Delete
Name: ALVAREZ, JOSE ANTONIO
Address: 4174 W 9 COURT
City-St-Zip: HIALEAH, FL 33016

Title: DT () Delete
Name: GARCIA, JOSE R
Address: 8820 SW 32 STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: BARRIOS, ARDIEL
Address: 8935 NW 112 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

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: ARDIEL BARRIOS

DPS

04/20/2009

Electronic Signature of Signing Officer or Director

Date