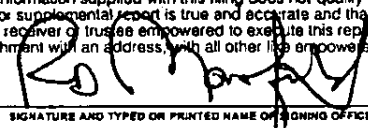


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-11-2007 90028 011 ****61.25

DOCUMENT # N04000002808 1. Entity Name MARINA MILE BUSINESS PARK MASTER ASSOCIATION, INC.					
Principal Place of Business 782 NW 42ND AVENUE SUITE 555 MIAMI, FL 33126			Mailing Address 782 NW 42ND AVENUE SUITE 555 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FFI Number: 20-3528889					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RUBIN, JEFF E 1320 SOUTH DIXIE HIGHWAY SUITE 881 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD CABRERA, ANTONIO J JR. 782 NW 42ND AVENUE #555 MIAMI, FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMOND MANFIELD 400 SANTA CLARA TRAIL WELLINGTON, FL. 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIN, JEFF E C/O 1320 SOUTH DIXIE HIGHWAY #881 CORAL GABLES, FL 33146	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTER DIX 400 SANTA CLARA TRAIL WELLINGTON, FL. 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIGGER, WILLIAM A C/O 3001 STATE ROAD 84 FORT LAUDERDALE, FL 33312	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFF WINEPOL 400 SANTA CLARA TRAIL WELLINGTON, FL. 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECTOR IZQUIERDO 400 SANTA CLARA TRAIL WELLINGTON, FL. 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY DE ARMAS 400 SANTA CLARA TRAIL WELLINGTON, FL. 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4/6/07 954-791-9666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66011814

