
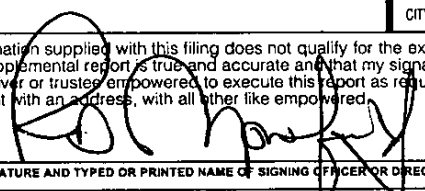


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90027 044 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3528889	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANSFIELD, RAYMOND D 400 SANTA CLARA TR WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P	NAME MAYSFIELD, RAYMOND		TITLE Director	NAME Cyril Cohen	
STREET ADDRESS 400 SANTA CLARA TRAIL	STREET ADDRESS 400 SANTA CLARA TRAIL		STREET ADDRESS 400 SANTA CLARA TRAIL	STREET ADDRESS 400 SANTA CLARA TRAIL	
CITY-ST-ZIP WELLINGTON, FL 33414	CITY-ST-ZIP WELLINGTON, FL 33414		CITY-ST-ZIP WELLINGTON, FL 33414	CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE VP	NAME DIX, WALTER		TITLE 	NAME 	
STREET ADDRESS 400 SANTA CLARA TRAIL	STREET ADDRESS 400 SANTA CLARA TRAIL		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP WELLINGTON, FL 33414	CITY-ST-ZIP WELLINGTON, FL 33414		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE T	NAME WINEPOCK, JEFF		TITLE 	NAME 	
STREET ADDRESS 400 SANTA CLARA TRAIL	STREET ADDRESS 400 SANTA CLARA TRAIL		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP WELLINGTON, FL 33414	CITY-ST-ZIP WELLINGTON, FL 33414		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE S	NAME IZQUIERBO, HECTOR		TITLE 	NAME 	
STREET ADDRESS 400 SANTA CLARA TRAIL	STREET ADDRESS 400 SANTA CLARA TRAIL		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP WELLINGTON, FL 33414	CITY-ST-ZIP WELLINGTON, FL 33414		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE D	NAME DE ARMAS, RAY		TITLE 	NAME 	
STREET ADDRESS 400 SANTA CLARA TRAIL	STREET ADDRESS 400 SANTA CLARA TRAIL		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP WEST PALM BEACH, FL 33414	CITY-ST-ZIP WEST PALM BEACH, FL 33414		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
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: 			3/28/08 954-791-9666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		