2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N04000012032

Entity Name: AIRPORT 595 BUSINESS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

3311 SOUTH ANDREWS AVENUE
#9
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2185
FORT LAUDERDALE, FL 33303

New Mailing Address:

FEI Number: 51-0532118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYES, ED
3311 S ANDREWS AVE.
UNIT 9,10 &11
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

LEONARD, MICKIE A
3311 S ANDREWS AVE.
UNIT 19
FORT LAUDERDALE, FL 33316 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: MICKIE A. LEONARD 03/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: LEONARD, MICKIE
Address: PO BOX 2525
City-St-Zip: FORT LAUDERDALE, FL 333032525

Title: VPII ( ) Delete
Name: VIEIRA, MANUEL
Address: 3301 S. ANDREWS AVE., UNITS 5,6
City-St-Zip: FORT LAUDERDALE, FL 33303

Title: VPII ( ) Delete
Name: SHEA, TIM
Address: 3321 S ANDREWS AVE, #28
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPII ( ) Delete
Name: JENKINS, KAY
Address: 1543 S.E. 12TH CT
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: P ( ) Delete
Name: HAYS, EDWARD
Address: 3311 S ANDREWS AVE, #9, 10, 11
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition
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: MICKIE A LEONARD ST 03/26/2009
Electronic Signature of Signing Officer or Director — Date