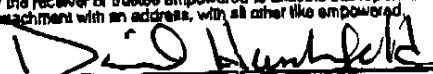


FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90024 046 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000005248			
1. Entity Name DANIA DISTRIBUTION CENTRE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1906 NE 149TH STREET NORTH MIAMI, FL 33181		Mailing Address 18051 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 10556 NW 26 St		3. Mailing Address 10556 NW 26 St	
Subsidiary, Apt., etc. SK D203		Subsidiary, Apt., etc. SK D203	
City & State DORAL FL		City & State DORAL FL	
Zip 33172		Country USA	
4. Name and Address of Current Registered Agent ROUSSE, MARK E ESQ. 18051 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. 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 _____ (Print Name of Registered Agent Signature Required When Applicable) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
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	D BLAKLEY, MARC 1879 SW 31 AVE BLD. T, BAY 1 PEMBROKE PINES, FL 33009 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Axelrod 2500 12 Ave. #3-112 DANIA, FL 33004 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HIRSCHFELD, DAVID 5324 ETON COURT BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY BOJINGER 1906 NE 149th St NORTH MIAMI, FL 33181 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 Chapter 119, Florida Statute. 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 Statute; and that my name appears in Block 10 or Block 11.			
SIGNATURE: 		Date: 