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.

40099753

Principal Place of Business	Mailing Address
1986 NE 149TH STREET NORTH MIAMI, FL 33181	18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180

01212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10556 NW 26 St	10556 NW 26 St.
Suite, Apt. #, etc. STE D203	Suite, Apt. #, etc. STE D203
City & State DORAL FL	City & State DORAL, FL
Zip 33172 Country	Zip 33172 Country

4. FEI Number 20-3026304 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROUSSO, MARK E ESQ. 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180	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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2008

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 D NAME BLAKLEY, MARC STREET ADDRESS 1879 SW 31 AVE BLD. T, BAY 1 CITY-ST-ZIP PEMBROKE PINES, FL 33009	☒ Delete	TITLE NAME Michael Axelrod STREET ADDRESS 250 SW 12 Ave. #3-112 CITY-ST-ZIP DANIA, FL 33004	☐ Change ☒ Addition
TITLE STD NAME HIRSCHFELD, DAVID STREET ADDRESS 5524 ETON COURT CITY-ST-ZIP BOCA RATON, FL 33486	☐ Delete	TITLE NAME LAURIS Boulanger STREET ADDRESS 1986 NE 149 St CITY-ST-ZIP 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 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: [signature] 5/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #