2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N06000003297

Entity Name: MUSEUM PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1111 PARK CENTRE BOULEVARD, SUITE 450
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

1111 PARK CENTRE BOULEVARD, SUITE 450
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 20-4733689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
800 CORPORCUE DR.
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE
601
CORAL GABLES, FL 33134 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: _____ 04/24/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SHOSHANI, NIR
Address: 18425 NW 2ND AVE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VSD ( ) Delete
Name: GOTTESMANN, RON
Address: 18425 NW 2ND AVE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D ( ) Delete
Name: AZODI, ANNAN
Address: 200 S. ANDREWS AVE. 8TH FL
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: ROSEN, MARK
Address: 200 S. ANDREWS AVE. SUITE 602
City-St-Zip: FORT LAUDERDALE, FL 33301

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: NIR SHOSHANI PTD 04/24/2008
Electronic Signature of Signing Officer or Director — Date