

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004021

FILED
Apr 03, 2009
Secretary of State

Entity Name: MARTINIQUE NO. 1 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAGEMENT INC
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

MIAMI MANAGEMENT INC
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 20-4696831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND RD, SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND RD,
SUITE 540
PLANTATION, FL 33324 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:

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAZ, ALBERT
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VPD () Delete
Name: JIMENEZ, GUSTAVO
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323 US

Title: STD () Delete
Name: IBACACHE, JORGE
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAZ, ALBERTO
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

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: ALBERTO DIAZ

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date