2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N06000005932

Entity Name: WESTON 55 PLUS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

11355 S.W. 84TH STREET
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11355 S.W. 84TH STREET
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-5939144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
C/O AKERMAN SENTERFITT & EDISON, P.A.
ONE SOUTHEAST THRID AVENUE 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ROIZ, OSCAR L
11355 SW 84 STREET
MIAMI, FL 33173 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: OSCAR ROIZ 05/01/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHAHAM, JACOB
Address: 11355 S.W. 84TH STREET
City-St-Zip: MIAMI, FL 33173

Title: DST ( ) Delete
Name: SHAHAM, HELEN
Address: 11355 S.W. 84TH STREET
City-St-Zip: MIAMI, FL 33173

Title: DV ( ) Delete
Name: DUBITZKY, HAIM
Address: 11355 S.W. 84TH STREET
City-St-Zip: MIAMI, FL 33173

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:

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: JACOB SHAHAM DP 05/01/2007
Electronic Signature of Signing Officer or Director — Date