## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000008414

T FILED
Jun 10, 2009
Secretary of State

Entity Name: MIAMI AIRPORT CENTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2600 DOUGLAS ROAD 7500 NW 25TH STREET

PH-8 #112

CORAL GABLES, FL 33134 MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

2600 DOUGLAS RD 235 ALTARA AVENUE PH-8 CORAL GABLES, FL 33146

CORAL GABLES, FL 33134

FEI Number: 42-1714040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HABER, ROBERT M PENABAD, CORALEE G 520 BRICKELL KEY DR., SUITE 0-305 PENABAD, CORALEE G 235 ALTARA AVENUE

MIAMI, FL 33131 US CORAL GABLES, FL 33146 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: CORALEE G. PENABAD 06/10/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP
 ( ) Delete
 Title:
 DP
 (X) Change ( ) Addition

 Name:
 GONZALEZ, CARLOS
 Name:
 ROSSIGNOL, MARYANN

Address: 2600 DOUGLAS RD., PH-8 Address: 235 ALTARA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete Title: DVP (X) Change ( ) Addition Name: MARIN, MANUEL Name: HELLINGER, ANDREW

Address: 2600 DOUGLAS RD., PH-8 Address: 235 ALTARA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33146

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 RUIZ, ANGEL
 Name:
 SUTHER, SARAH

 Address:
 2600 DOUGLAS RD., PH-8
 Address:
 235 ALTARA AVENUE

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 CORAL GABLES, FL 33146

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: ANDREW B. HELLINGER DVP 06/10/2009