

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010628

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** TRADEZONE DISTRIBUTION CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10850 NW 21ST ST., SUITE 230  
MIAMI, FL 33172

**New Principal Place of Business:**

2555 NW 102ND AVENUE, STE 112  
MIAMI, FL 33172

**Current Mailing Address:**

10850 NW 21ST ST., SUITE 230  
MIAMI, FL 33172

**New Mailing Address:**

2555 NW 102ND AVENUE, STE 112  
MIAMI, FL 33172

FEI Number: 20-5871268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAROTE, MARIBEL V  
10850 NW 21ST ST., SUITE 230  
MIAMI, FL 33172 US

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

CUELLAR, MAYRA  
2555 NW 102ND AVENUE, STE 112  
MIAMI, FL 33172 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: M CUELLAR

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAROTE, MARIBEL V  
Address: 10850 NW 21ST ST., SUITE 230  
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete  
Name: SEGAL, SIMON  
Address: 10850 NW 21ST ST., SUITE 230  
City-St-Zip: MIAMI, FL 33172

Title: STD ( ) Delete  
Name: CUELLAR, MAYRA  
Address: 10850 NW 21ST ST., SUITE 230  
City-St-Zip: MIAMI, FL 33172

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

Title: PD (X) Change ( ) Addition  
Name: CUELLAR, MAYRA  
Address: 2555 NW 102ND AVENUE, STE 112  
City-St-Zip: MIAMI, FL 33172

Title: VD (X) Change ( ) Addition  
Name: SEGAL, SIMON  
Address: 2555 NW 102ND AVENUE, STE 112  
City-St-Zip: MIAMI, FL 33172

Title: STD (X) Change ( ) Addition  
Name: CUELLAR, MAYRA  
Address: 2555 NW 102ND AVENUE, STE 112  
City-St-Zip: MIAMI, FL 33172

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: M CUELLAR

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date