

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010628

FILED  
Feb 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

10211 PINES BLVD  
SUITE 305  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

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

**New Mailing Address:**

10211 PINES BLVD  
SUITE 305  
PEMBROKE PINES, FL 33026

FEI Number: 20-5871268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

CUELLAR, MAYRA  
10211 PINES BLVD  
SUITE 305  
PEMBROKE PINES, FL 33026 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: MAYRA CUELLAR

02/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CUELLAR, MAYRA  
Address: 10211 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP  
Name: SEGAL, SIMON  
Address: 2555 NW 102 AVE, SUITE 112  
City-St-Zip: DORAL, FL 33172

Title: STD  
Name: CUELLAR, MAYRA  
Address: 10211 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby 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 all other like empowered.

SIGNATURE: MAYRA CUELLAR

PD

02/16/2012

Electronic Signature of Signing Officer or Director

Date