

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 09, 2012**  
**Secretary of State**

DOCUMENT# N06000010628

**Entity Name:** TRADEZONE DISTRIBUTION CENTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**10211 PINES BLVD  
SUITE 305  
PEMBROKE PINES, FL 33026**New Principal Place of Business:**14275 SW 142 AVE  
MIAMI, FL 33186**Current Mailing Address:**10211 PINES BLVD  
SUITE 305  
PEMBROKE PINES, FL 33026**New Mailing Address:**14275 SW 142 AVE  
MIAMI, FL 33186**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  
10211 PINES BLVD  
SUITE 305  
PEMBROKE PINES, FL 33026 US**Name and Address of New Registered Agent:**TRIAY, CARLOS  
2301 NW 87 AVE  
STE 501  
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: CARLOS TRIAY

10/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P  
**Name:** BLANC, JEAN-FRANCAIS  
**Address:** 14275 SW 142 AVE  
**City-St-Zip:** MIAMI, FL 33186**Title:** VP  
**Name:** DEL CORTO, PEDRO  
**Address:** 14275 SW 142 AVE  
**City-St-Zip:** MIAMI, FL 33186**Title:** ST  
**Name:** HUSZAR, NORMAN  
**Address:** 14275 SW 142 AVE  
**City-St-Zip:** MIAMI, FL 33186

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: JEAN-FRANCAIS BLANC

P

10/09/2012

Electronic Signature of Signing Officer or Director

Date