2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# N06000011097

Entity Name: 8350 N.W. INDUSTRUAL CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

15564 NW 12 PLACE
PEMBROKE, FL 33028

New Principal Place of Business:

15564 NW 12 PLACE
PEMBROKE PINES, FL 33028

Current Mailing Address:

15564 NW 12 PLACE
PEMBROKE, FL 33028

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ VALLE, MARIA ESQ
3750 NW 87 AVE
STE 100
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIAZ, EMILIO N
Address: 15564 NW 12 PLACE
City-St-Zip: PEMBROKE, FL 33028

Title: SD ( ) Delete
Name: DIAZ, EMILIO JR
Address: 15564 NW 12 PLACE
City-St-Zip: PEMBROKE, FL 33028

Title: TD ( ) Delete
Name: DIAZ, LUISA
Address: 15564 NW 12 PLACE
City-St-Zip: PEMBROKE, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DIAZ, EMILIO N
Address: 15564 NW 12 PLACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD (X) Change ( ) Addition
Name: DIAZ, EMILIO JR
Address: 15564 NW 12 PLACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD (X) Change ( ) Addition
Name: DIAZ, LUISA
Address: 15564 NW 12 PLACE
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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: EMILIO N DIAZ PD 01/15/2007
Electronic Signature of Signing Officer or Director — Date