2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N06045

Entity Name: R.J.S. COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5415 NW 15 ST.
MARGATE, FL 33063

New Principal Place of Business:

5415 NW 15 ST.
SUITE #25
MARGATE, FL 33063

Current Mailing Address:

5415 NW 15 ST.
MARGATE, FL 33063

New Mailing Address:

5415 NW 15 ST.
SUITE #25
MARGATE, FL 33063

FEI Number: 59-2778219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, S
5415 NW 15 ST
#25
MARGATE, FL 33063 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: DIXON, S.
Address: 5415 NW 15 ST, STE 25
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete
Name: VELANDIA, FREDY
Address: 190 SW 76 TERR.
City-St-Zip: MARGATE, FL 33068

Title: SD ( ) Delete
Name: SANDERS, ANDREA
Address: 3517 MAHOGANY WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete
Name: TACKORE, KEELING
Address: 9033 NW 53 ST.
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STANFORD DIXON PRES 01/30/2009

Electronic Signature of Signing Officer or Director — Date