2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001225

Entity Name: DOCOMOMO FLORIDA, INC.

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1351 N MIAMI GARDENS DR APRT 1406E N MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

1351 N MIAMI GARDENS DR PO BOX 30129

APRT 1406E FORT LAUDERDALE, FL 33303

N MIAMI BEACH, FL 33179

FEI Number: 20-8519433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MADIA, ENRIQUE H 1351 N MIAMI GARDENS DR APRT 1406E N MIAMI BEACH, FL 33179 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:

Name:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete ABBATE, ANTHONY Name:

MADIA, ENRIQUE 111 E LAS OLAS BLVD - #HEC 712 Address: 1351 NE MIAMI GARDENS DR, #1406E Address:

City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: N MIAMI BCH, FL 33179

Title: Title: (X) Change () Addition () Delete Name: GRAHAM, ROY Name: LEJEUNE, JEAN-FRANCOIS Address: UF-SCHOOL OF ACHITECTURE - P O BOX 115702 Address: 20 ISLAND AVE. # 302

City-St-Zip: GAIENSVILLE, FL 32611 City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete Title: SEC (X) Change () Addition GUNDERSON, MARTIN Name: KOHEN, MARTHA Name:

UF-SCHOOL OF ACHITECTURE - P O BOX 115702 UF-SCHOOL OF ARCHITECTURE - PO BOX 115702 Address: Address:

City-St-Zip: GAIENSVILLE, FL 32611 City-St-Zip: GAINESVILLE, FL 32611

Title: () Delete Title: TREA (X) Change () Addition Name: KOHEN, MARTHA

Name: ABBATE, ANTHONY J UF-SCHOOL OF ACHITECTURE - P O BOX 115702 Address: Address: **1222 SE 1 STREET**

City-St-Zip: GAIENSVILLE, FL 32611 City-St-Zip: FORT LAUDERDALE, FL 33301

Title: Title: () Delete (X) Change () Addition

KUENSTLE, MICHAEL GRAHAM, ROY Name: Name:

UF-SCHOOL OF ACHITECTURE - P O BOX 115702 UF-SCHOOL OF ARCHITECTURE - PO BOX 115702 Address: Address:

City-St-Zip: GAIENSVILLE, FL 32611 City-St-Zip: GAINESVILLE, FL 32611

Title: () Delete Title: (X) Change () Addition LEJEUNE, JEAN-FRANCOIS GUNDERSEN. MARTIN Name: Name:

Address: 20 ISLAND AVE - # 302 Address: UF-SCHOOL OF ARCHITECTURE-PO BOX 115702

MIAMI BEACH, FL 33139 City-St-Zip: GAINESVILLE, FL 32611 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: ANTHONY J ABBATE **TREA** 02/05/2008