
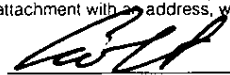


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 050 ****61.25

DOCUMENT # N07000005701					
1. Entity Name THE BUSINESS CENTER AT INTERNATIONAL CORPORATE PARK CONDOMINIUM (BUILDING G) ASSOCIATION, INC.					
Principal Place of Business 10165 NW 19TH ST. MIAMI, FL 33172			Mailing Address 10165 NW 19TH ST. MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1118242	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICE, MICHAEL 10165 NW 19TH ST. MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME EASTON, EDWARD W		TITLE	NAME	
STREET ADDRESS 10165 NW 19TH ST.	CITY-ST-ZIP MIAMI, FL 33172		STREET ADDRESS	CITY-ST-ZIP	
TITLE VTD	NAME RICE, MICHAEL		TITLE	NAME	
STREET ADDRESS 10165 NW 19TH ST.	CITY-ST-ZIP MIAMI, FL 33172		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME EASTON, EDWARD J		TITLE	NAME	
STREET ADDRESS 10165 NW 19TH ST.	CITY-ST-ZIP MIAMI, FL 33172		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			APR 7 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Edward W. Easton			305-593-2222		
Daytime Phone #			305-593-2222		