

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# N07171

Entity Name: SOUTH MIAMI BUSINESS CENTER SEC. TWO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13800 SW 144TH AVE ED
MIAMI, FL 33186 US

New Principal Place of Business:

13800 SW 144TH AVE RD
MIAMI, FL 33186 US

Current Mailing Address:

13800 SW 144TH AVE RD
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0184102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUITS, STEPHEN
C/O LAND CAP PROPERTY SVCS
13800 SW 144TH AVE RD
MIAMI, FL 33186 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: AZZE, JORGE
Address: 7194 SW 47 STREET
City-St-Zip: MIAMI, FL 33155 US

Title: D () Delete
Name: ONA, ALFREDO V
Address: 7188 SW 47 STREET
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: SERRALTA, CRISTINA
Address: 7186 SW 47 ST
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: SILVA, EUGENIO
Address: 4705 SW 72 AVE
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: SINATRA, ANTHONY
Address: 7180 SW 47 STREET
City-St-Zip: MIAMI, FL 33155

Title: TD (X) Change () Addition
Name: SERRALTA, CRISTINA
Address: 7186 SW 47 STREET
City-St-Zip: MIAMI, FL 33155

Title: SD (X) Change () Addition
Name: SILVA, EUGENIO
Address: 4705 SW 72 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: DD () Change (X) Addition
Name: ONA, ALFREDO V
Address: 7188 SW 47 STREET
City-St-Zip: MIAMI, FL 33155

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: JORGE AZZE

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date