2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000487

FILED May 21, 2009 Secretary of State

Entity Name: DORAL TRADE CENTER CONDOMINIUM ASSOCIATION, INC.

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

1150B EAST HALLANDALE BEACH BLVD 4651 SHERIDAN STREET HALLANDALE BCH, FL 330094722 4651 SHERIDAN STREET HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

1150B EAST HALLANDALE BEACH BLVD 4651 SHERIDAN STREET HALLANDALE BCH, FL 330094722 HOLLYWOOD, FL 33021

FEI Number: 38-3777683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LECHTER, ROBERT

1150B EAST HALLANDALE BEACH BLVD

HALLANDALE BCH, FL 330094722 US

LECHTER, ROBERT

4651 SHERIDAN STREET

HOLLYWOOD, FL 33021 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: ROBERT LECHTER 05/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:LECHTER, ROBERTName:LECHTER, ROBERTAddress:1150B EAST HALLANDALE BEACH BLVDAddress:4651 SHERIDAN STREETCity-St-Zip:HALLANDALE BCH, FL 330094722City-St-Zip:HOLLYWOOD, FL 33021

Title: DVP () Delete Title: DVP (X) Change () Addition Name: HOUSTON, BRETT Name: HOUSTON, BRETT

Address: 1150B EAST HALLANDALE BEACH BLVD Address: 4651 SHERIDAN STREET
City-St-Zip: HALLANDALE BCH, FL 330094722 City-St-Zip: HOLLYWOOD, FL 33021

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

Name:PRADO, ANGELAName:PRADO, ANGELAAddress:1150B EAST HALLANDALE BEACH BLVDAddress:4651 SHERIDAN STREETCity-St-Zip:HALLANDALE BCH, FL 330094722City-St-Zip:HOLLYWOOD, FL 33021

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: ROBERT LECHTER DIR 05/21/2009