

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003492

FILED
May 01, 2009
Secretary of State

Entity Name: MET 1 MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

New Principal Place of Business:

300 SOUTH BISCAYNE BOULEVARD
C/O MANAGEMENT OFFICE
MIAMI, FL 33131

Current Mailing Address:

4000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

New Mailing Address:

300 SOUTH BISCAYNE BOULEVARD
C/O MANAGEMENT OFFICE
MIAMI, FL 33131

FEI Number: 26-2436892 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:

EAGAN, THOMAS V
4000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PULENTA, LUIS A
Address: 200 SOUTH BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: GLAS, RICARDO D
Address: 200 SOUTH BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

Title: STD () Delete
Name: WELLER, TIMOTHY
Address: 200 SOUTH BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PULENTA, LUIS A
Address: 9090 SOUTH DADELAND BOULEVARD # 210
City-St-Zip: MIAMI, FL 33156

Title: VD (X) Change () Addition
Name: GLAS, RICARDO D
Address: 9090 SOUTH DADELAND BOULEVARD # 210
City-St-Zip: MIAMI, FL 33156

Title: STD (X) Change () Addition
Name: WELLER, TIMOTHY
Address: 9090 SOUTH DADELAND BOULEVARD # 210
City-St-Zip: MIAMI, FL 33131

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: HOLGER LUTZ (PROPERTY MANAGER)

MR.

05/01/2009

Electronic Signature of Signing Officer or Director

Date