

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 08, 2006  
Secretary of State**

DOCUMENT# N34520

Entity Name: DIRO INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

%JACOB PRASCHNIK  
2140 W 73 ST  
HIALEAH, FL 33016

**Current Mailing Address:**

**New Mailing Address:**

% THOMAS HOMBLGER  
321 SW 195 AVE  
PEMBROKE PINES, FL 33029

FEI Number: 65-0163482      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:**

HOMBEAGER, THOMAS P JR  
321 SW 195 AVE  
PEMBROKE PINES, FL 33029      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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PRASCHNIK, JACOB  
Address: 2140 W 73 ST  
City-St-Zip: HIALEAH, FL 33019

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

Title: STD ( ) Delete  
Name: HOMBERGER, THOMAS P  
Address: 321 SW 19 S AVE  
City-St-Zip: PEMBROKE PINES, FL 33024

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

Title: D ( ) Delete  
Name: THOMPSON, KAREN  
Address: 1731 NW 88 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS P HOMBERGER

STD

02/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date