

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 25, 2009
Secretary of State

DOCUMENT# N42015

Entity Name: WEST SUNRISE COMMERCIAL PARK ASSOCIATION, INC.**Current Principal Place of Business:**3401 N. MIAMI AVENUE
SUITE 240
MIAMI, FL 33127 US**New Principal Place of Business:****Current Mailing Address:**3401 N. MIAMI AVENUE
SUITE 240
MIAMI, FL 33127 US**New Mailing Address:****FEI Number:** 65-0339822 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAMMUEL, MICHAEL
3401 N. MIAMI AVENUE
SUITE 240
MIAMI, FL 33127 US**Name and Address of New Registered Agent:**SAMUEL, MICHAEL
3401 N. MIAMI AVENUE
SUITE 240
MIAMI, FL 33127 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: MICHAEL SAMUEL

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: COHEN, HAL J
Address: 3325 S UNIVERSITY DRIVE SUITE 210
City-St-Zip: DAVIE, FL 33328 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: SAMUEL, JON
Address: 3401 N MIAMI AVENUE STE 240
City-St-Zip: MIAMI, FL 33127 US**Title:** SD () Change (X) Addition
Name: SAMUEL, MICHAEL
Address: 3401 N MIAMI AVENUE SUITE 240
City-St-Zip: MIAMI, FL 33127 US**Title:** TD () Change (X) Addition
Name: ABRAMS, PAUL
Address: 3401 N MIAMI AVENUE SUITE 240
City-St-Zip: MIAMI, FL 33127 US

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: MICHAEL SAMUEL

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03/25/2009

Electronic Signature of Signing Officer or Director

Date