2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N95000000320

Entity Name: PHARMED INDUSTRIAL PARK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3047 -75 NW 107 AVENUE
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

PO BOX 228055
MIAMI, FL 33222

New Mailing Address:

FEI Number: 65-0902499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MP PROPERTY MANAGEMENT INC.- M. PALACIOS
8390 NW 53 STREET #313
DORAL, FL 33166 US

Name and Address of New Registered Agent:

MP PROPERTY MANAGEMENT INC- M. PALACIOS
8390 NW 53 STREET #313
DORAL, FL 33166 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: MYRIAM PALACIOS 01/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RIVERA, ANA
Address: 3047-49 NW 107 AVENUE
City-St-Zip: DORAL, FL 33172

Title: VP ( ) Delete
Name: FONSECA, OSCAR
Address: 10505 NW 37 TERRACE
City-St-Zip: DORAL, FL 33178

Title: S ( ) Delete
Name: MADAN, NATALIE
Address: 3051 NW 107 AVENUE
City-St-Zip: DORAL, FL 33172

Title: T ( ) Delete
Name: ARDISSON, ANTHONY
Address: 3043-45 NW 107 AVENUE
City-St-Zip: DORAL, FL 33172

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP ( ) Change (X) Addition
Name: CONTRERAS, LUIS
Address: 3055-57 NW 107 AVENUE
City-St-Zip: DORAL, FL 33172

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: ANA RIVERA P 01/25/2009
Electronic Signature of Signing Officer or Director Date