

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 05, 2009  
Secretary of State**

DOCUMENT# N99000000179

**Entity Name:** LEJEUNE COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3100 NW 72 AVE  
SUITE 113  
MIAMI, FL 33122**New Principal Place of Business:****Current Mailing Address:**3100 NW 72 AVE  
SUITE 113  
MIAMI, FL 33122**New Mailing Address:**

FEI Number: 65-1014503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**TRIAIY, CARLOS A  
10570 NW 27 ST  
SUITE 103  
MIAMI, FL 33172 US**Name and Address of New Registered Agent:**CICERO, MATHEW J  
3100 NW 72 AVE.  
SUITE 113  
MIAMI, FL 33122 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: MATHEW CICERO

08/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: DV ( ) Delete  
Name: PETULIA, SCHVARTZ  
Address: 13091 NW 43RD AVENUE, A2  
City-St-Zip: OPA LOCKA, FL 33054Title: STD ( ) Delete  
Name: CABRERA, NURY  
Address: 13091 NW 43RD AVENUE, A2  
City-St-Zip: OPA LOCKA, FL 33054Title: PD ( ) Delete  
Name: CASTELLANOS, HECTOR N  
Address: 13091 NW 43RD AVENUE, A9  
City-St-Zip: OPA LOCKA, FL 33054**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:

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: HECTOR CASTELLANOS

PD

08/05/2009

Electronic Signature of Signing Officer or Director

Date