

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 26, 2006
Secretary of State

DOCUMENT# N99000001057

Entity Name: BEACON TRADEPORT INDUSTRIAL PARK ASSOCIATION, INC.**Current Principal Place of Business:**11200 NW 25TH STREET
125
MIAMI, FL 33172 US**New Principal Place of Business:**925 SOUTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33432 US**Current Mailing Address:**11200 NW 25TH STREET
125
MIAMI, FL 33172 US**New Mailing Address:**925 SOUTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33432 US**FEI Number:** 65-0902758**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THEODORE R. STOTZER, ESQ.
321 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US**Name and Address of New Registered Agent:**PROCACCI, PHILIP J
925 SOUTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33432 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: PHILIP J. PROCACCI

10/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DV () Delete
Name: DILL, BRETT
Address: 3390 MARY STREET #200
City-St-Zip: COCONUT CREEK, FL 33133**Title:** DV () Delete
Name: ATZMON, SID
Address: 3390 MARY STREET #200
City-St-Zip: COCONUT GROVE, FL 33133**Title:** DS () Delete
Name: SCOTT, KEN
Address: 3390 MARY STREET #20
City-St-Zip: COCONUT CREEK, FL 33133**Title:** DP (X) Delete
Name: SUVALL, VICTOR
Address: 11200 NW 25TH STREET
City-St-Zip: MIAMI, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: PROCACCI, PHILIP J
Address: 925 SOUTH FEDERAL HIGHWAY, SUITE 400
City-St-Zip: BOCA RATON, FL 33432**Title:** V (X) Change () Addition
Name: JACAVINO, RICHARD
Address: 801 GRAND AVENUE
City-St-Zip: DES MOINES, IA 50392**Title:** S (X) Change () Addition
Name: FARKAS, KENNETH
Address: 5201 BLUE LAGOON DRIVE, SUITE 881
City-St-Zip: MAIMI, FL 33126**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: PHILIP J. PROCACCI

P

10/26/2006

Electronic Signature of Signing Officer or Director

Date