## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002959

FILED Mar 26, 2009 Secretary of State

Entity Name: RED ROAD BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
733 NW 19 IAMI LAKE	51 ST. ES, FL 33014			
urrent Mailing Address:		New Mailing Addres	New Mailing Address:	
O. BOX 8 IAMI, FL 3	30273 332830273			
I Number:	59-3637399	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	רוי			
IAMI LAKE ne above i	51 STREET ES, FL 33014 named entity s		ourpose of changing its registere	ed office or registered agent, or both,
265 NW 19 IAMI LAKE ne above i the State	51 STREET ES, FL 33014 named entity s of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
65 NW 19 AMI LAKE ne above i the State	51 STREET ES, FL 33014 named entity s of Florida. E:	ubmits this statement for the p		ed office or registered agent, or both,
in the state of th	51 STREET ES, FL 33014 named entity s of Florida. E:	ubmits this statement for the p	ent	ed office or registered agent, or both,  Date  ES TO OFFICERS AND DIRECTOR
65 NW 15 IAMI LAKE ne above i the State GNATUR	51 STREET ES, FL 33014  named entity s of Florida.  E: Electron  AND DIREC	ubmits this statement for the price Signature of Registered Age  FORS:  Delete  TREET	ent	Date
165 NW 15 AMI LAKE THE ABOVE IT THE STATE  GNATUR  FFICERS THE THE STATE  THE	51 STREET ES, FL 33014  named entity s of Florida.  E: Electron  AND DIRECT  D () YI, RICHARD 5765 NW 151 S MIAMI LAKES, F	ubmits this statement for the price Signature of Registered Age  FORS:  Delete  TREET FL 33014  Delete ESTO JR.  TREET	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 CAPO D 03/26/2009