

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000041227

FILED
Mar 30, 2011
Secretary of State

Entity Name: 123 STREET BUSINESS CENTER AT MEDLEY, CORP.

Current Principal Place of Business:

7410 SW 48 STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7410 SW 48 STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 27-2648891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILA, OSCAR J
% VILA, PADRON & DIAZ, P.A.
2320 PONCE DE LEON BLVD, SECOND FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SICILIA, SERGIO
Address: 7410 SOUTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VPD
Name: RODRIGUEZ DE SICILIA, JULIA
Address: 7410 SOUTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VPD
Name: SICILIA, ALEJANDRO
Address: 7410 SOUTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VPD
Name: SICILIA, ORLANDO
Address: 7410 SOUTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VPD
Name: SICILIA, MARIA DEL MAR
Address: 7410 SOUTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VPD
Name: SOLANO, AMPARO
Address: 7410 SOUTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33155

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SICILIA SERGIO

PD

03/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date