

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N06000008009

Entity Name: PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% CARGO VENTURES, LLC
17 STATE STREET, 9TH FLOOR
NEW YORK, NY 10004

New Principal Place of Business:

3400 N.W. 74TH AVENUE
MIAMI, FL 33122

Current Mailing Address:

% CARGO VENTURES, LLC
17 STATE STREET, 9TH FLOOR
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 20-5297514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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 () Delete
Name: CILTRIN, JACON B
Address: 17 STATE STREET 9TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: VD (X) Delete
Name: PASSARELLA, GEORGE
Address: 17 STATE STREET 9TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: STD (X) Delete
Name: PASQUERELLE, MARK
Address: 17 STATE STREET 9TH FLOOR
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CITRIN, JACOB B
Address: 17 STATE STREET 9TH FLOOR
City-St-Zip: NEW YORK, NY 10004

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: PEGGY MURRAY

AGEN

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date