

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 02, 2009
Secretary of State

DOCUMENT# 710583

Entity Name: 1820 JAMES AVENUE, INC. A CONDOMINIUM**Current Principal Place of Business:**1820 JAMES AVENUE
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 402336
MIAMI BEACH, FL 33140**New Mailing Address:****FEI Number:** 59-1153744**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BENNETT, JOAN
763 41ST STREET
SUITE C
MIAMI BEACH, FL 33140 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:** VP/D () Delete
Name: VALIDO, FELIX
Address: 1820 JAMES AVENUE #2B
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D () Delete
Name: SALA, EVELIO
Address: 1820 JAMES AVENUE #3D
City-St-Zip: MIAMI BEACH, FL 33139**Title:** T/D () Delete
Name: IVEZIC, LILIANA
Address: 1820 JAMES AVENUE 6A
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D () Delete
Name: ERICSON, THOMAS
Address: 1820 JAMES AVENUE # 4A
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D () Delete
Name: DEJESUS, CARMEN
Address: 1820 JAMES AVENUE #6F
City-St-Zip: MIAMI BEACH, FL 33139**Title:** P/D (X) Delete
Name: HAMRICK, KENT
Address: 1820 JAMES AVENUE #4B
City-St-Zip: MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** S/D (X) Change () Addition
Name: VALIDO, FELIX
Address: 1820 JAMES AVENUE #2B
City-St-Zip: MIAMI BEACH, FL 33139**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P/D (X) Change () Addition
Name: DEJESUS, CARMEN
Address: 1820 JAMES AVENUE #6F
City-St-Zip: MIAMI BEACH, FL 33139**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: CARMEN DEJESUS

P

10/02/2009

Electronic Signature of Signing Officer or Director_____
Date