2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713201

Entity Name: EAST VIEW CONDOMINIUM, INC.

FILED May 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1056 EUCLID AVE. 1056 EUCLID AVE.

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

New Mailing Address: Current Mailing Address:

1056 EUCLID AVE. 1056 EUCLID AVE

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

FEI Number: 59-2539918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE LOS SANTOS, DAVID 1056 EUCLID AVE APT 1

MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete FINLAY, BRIAN DE LOS SANTOS, DAVID Name: Name: 1056 EUCLID AV AP #3 Address: 1056 EUCLID AV AP #1 Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip: MIAMI, FL 33139

Title: SD () Delete Title: (X) Change () Addition Name: LINARES, ALEXANDER Name: FAELLA, CARLOS

Address: 1056 EUCLID AV APT#4 Address: 1056 EUCLID AV APT#4 City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete Title: (X) Change () Addition

MCLEOD, DAVID MCLEOD, DAVID Name: Name: 1056 EUCLID AVE APT# 2 1056 EUCLID AVE APT# 2 Address: Address:

City-St-Zip: MIAMI, FL 33139 City-St-Zip: MIAMI, FL 33139

Title: () Delete Title: NA (X) Change () Addition

Name: DELOS SANTOS, DAVID Name: BIANCHI, NATALIA Address: 1056 EUCLID AVE, #1 Address: 1056 EUCLID AVE, #3 City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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: DAVID DE LOS SANTOS PD 05/14/2009