

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N94000002494

Entity Name: BLUE STAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2032 NW 22ND AVE
MIAMI, FL 33142

New Principal Place of Business:

2108 NW 20 ST
MIAMI, FL 33142

Current Mailing Address:

2108 NW 20 ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-3139990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, JORGE
14637 SW 132 CT
MIAMI, FL 33186 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: P () Delete
Name: LOPEZ, JORGE
Address: 14637 SW 132 CT
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: LOPEZ, MARIBEL
Address: 14637 SW 132 CT
City-St-Zip: MIAMI, FL 33186

Title: T () Delete
Name: LOPEZ, MARTHA
Address: 2100 NW 20 ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGE LOPEZ

P

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date