

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 29, 2007
Secretary of State

DOCUMENT# 707493

Entity Name: 900 EUCLID AVENUE INC A CONDOMINIUM**Current Principal Place of Business:**900 EUCLID AVENUE
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**C/O BLUE SKY MIAMI, INC
1680 MICHIGAN AVENUE # 908
MIAMI BEACH, FL 33139**New Mailing Address:****FEI Number:** 59-1109142 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOMEZ, MICHAEL
1930 TYLER STREET
HOLLYWOOD, FL 33020 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: SALAZAR, CONRAD
Address: 900 EUCLID AVENUE APT 12
City-St-Zip: MIAMI BEACH, FL 33139**Title:** DVP () Delete
Name: RODRIGUEZ, ANTONIO
Address: 900 EUCLID AVE. #12A
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D () Delete
Name: BEN, BELLER
Address: 900 EUCLID APT # 14
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D () Delete
Name: PINZON, RICARDO
Address: 900 EUCLID AVE, APT. 17
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D (X) Delete
Name: RODRIGUEZ, GLORIA
Address: 940 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139**Title:** S () Delete
Name: SAREH, HOUTAN
Address: 900 EUCLID AVE APT # 11
City-St-Zip: MIAMI, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
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City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: SAREH, HOUTAN
Address: 900 EUCLID AVE APT # 11
City-St-Zip: MIAMI, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: R MAXWELL SHEINER

M

03/29/2007

Electronic Signature of Signing Officer or Director

Date