2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
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 ( ) 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
Name:
Address:
City-St-Zip:

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: DOUGLAS FINN MGR 01/08/2008

Electronic Signature of Signing Officer or Director — Date