2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 29, 2009
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:

BLUE SKY MIAMI
1680 MICHIGAN AVE, STE 908
MIAMI BEACH, FL 33139 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: D ( ) Delete
Name: RODRIGUEZ, ANTONIO
Address: 900 EUCLID AVE. #12A
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: ABRAHAMSEN, TOM
Address: 900 EUCLID AVE APT 9
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

Title: MGR ( ) Delete
Name: GUERRERO, CARLOS
Address: 1680 MICHIGAN AVE, STE 908
City-St-Zip: MIAMI BEACH, FL 33139 US

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: MGR (X) Change ( ) Addition
Name: SHEINER, ROBERT MAXWELL
Address: 1680 MICHIGAN AVE, STE 908
City-St-Zip: MIAMI BEACH, FL 33139 US

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: SHEINER, R M MGR 05/29/2009

Electronic Signature of Signing Officer or Director — Date