

OFFICE OF THE SECRETARY OF STATE ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90016 015 ****61.25

DOCUMENT # 710750

1. Entity Name

BROADWATER BEACH ARMS I, INC.



Principal Place of Business

**6490 COLLINS AVENUE
MIAMI BEACH FL 33141**

Mailing Address

**6490 COLLINS AVENUE
MIAMI BEACH FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-0995649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMOR, JOSE A
6490 COLLINS AV. APT. 12-B
MIAMI BEACH FL 33141**

Name **Sonia Fernandez**

Street Address (P.O. Box Number is Not Acceptable)
6490 COLLINS AVENUE APT #1

City **MIAMI BEACH**

FL

Zip Code
33141

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sonia Fernandez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/4/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NAVIA, SILVIA H**
STREET ADDRESS **6490 COLLINS AVE #1**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **VD** ☒ Delete
NAME **LIMONTE, NELITA**
STREET ADDRESS **6490 COLLINS AVE APT 3**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **SD** ☐ Delete
NAME **AMOR, JOSE A**
STREET ADDRESS **6490 COLLINS AVE APT 12-B**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **TD** ☐ Delete
NAME **FERNANDEZ, SONIA**
STREET ADDRESS **6490 COLLINS AVE 1**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☐ Delete
NAME **ALVAREZ, JESUS**
STREET ADDRESS **6490 COLLINS AVE # 18**
CITY-ST-ZIP **MIAMI FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V.P. CARIDAD NAVIA**
STREET ADDRESS **11032 SW 25 ST.**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Sonia Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04

Date

Daytime Phone #