Jul 07 06 02:23p Global Cargo Brokers

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Secretary of State
07-11-2006 90019 032 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 710750

1. Entity Name
BROADWATER BEACH ARMS I, INC.

40098369

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
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

07032006 Chg-NP CR2F037 (4/06)

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

7. Name and Address of New Registered Agent
Name: JOSE A. AMOR
Street Address (P.O. Box Number is Not Acceptable): 6490 COLLINS AVE APTO. 12-B
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: Jose A Amor 7-6-06
Electronic Signature of Registered Agent or Registered Agent's Signature (if changing) Date

Filing Fee is $61.25
Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NAVIA, SILVIA H 6490 COLLINS AVE #1 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~NAVIA, CARIDAD~~ ~~11032 SW 25 ST~~ ~~MIAMI FL 33165~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARLOS HERNANDEZ 6490 COLLINS AVE APTO #1 MIAMI BEACH FL 33141 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AMOR, JOSE A 6490 COLLINS AVE APT 12-B MIAMI BEACH, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAYAS, SASHA M 6490 COLLINS AVE APT B MIAMI BEACH, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVAREZ, JESUS 6490 COLLINS AVE # 18 MIAMI, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jose A. Amor JOSE A. AMOR Date 305 868 9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #