


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90016 042 ****61.25

DOCUMENT # 710750
 1. Entity Name
BROADWATER BEACH ARMS I, INC.



Principal Place of Business Mailing Address
6490 COLLINS AVENUE MIAMI BEACH FL 33141 **6490 COLLINS AVENUE 12B MIAMI BEACH FL 33141**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-0995649** Applied For Not Applicable

Zip Country Zip Country

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-B
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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	<input type="checkbox"/> Delete
NAME	NAVIA, SILVIA H	
STREET ADDRESS	6490 COLLINS AVE #1	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, CARLOS	
STREET ADDRESS	6490 COLLINS AVE APT H1	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMOR, JOSE A	
STREET ADDRESS	6490 COLLINS AVE APT 12-B	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAYAS, SASHA M	
STREET ADDRESS	6490 COLLINS AVE APT B	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, JESUS	
STREET ADDRESS	6490 COLLINS AVE # 18	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENRIQUE DIAZ	
STREET ADDRESS	6490 COLLINS AVE APT 7	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOLANDA MACHADO	
STREET ADDRESS	6490 COLLINS AVE APT 15	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* 3/7/08 305 868 9119
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #