

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712484

FILED
Mar 30, 2009
Secretary of State

Entity Name: BROADWATER BEACH ARMS II, INC.

Current Principal Place of Business:

6494 COLLINS AVE. #26
ATTN: FREDDY D. FERNANDEZ
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

6494 COLLINS AVE. #26
ATTN: FREDDY D. FERNANDEZ
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 59-0995967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, FREDDY D
6494 COLLINS AVE.
#26
MIAMI BEACH, FL 33141 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: SD () Delete
Name: SARDINA, GENOVEVA
Address: 6494 COLLINS AVE, #27
City-St-Zip: MIAMI BEACH, FL 33141

Title: DP () Delete
Name: FAILDE, HORTENSIA
Address: 6494 COLLINS AVE #24
City-St-Zip: MIAMI BEACH, FL 33141

Title: DV () Delete
Name: PADILLA, MIRIAM
Address: 6494 COLLINS AVE #23
City-St-Zip: MIAMI BEACH, FL 33141

Title: DT () Delete
Name: FERUANDEZ, FREDDY D
Address: 6494 COLLINNS AVE #26
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: PADILLA, MIRIAM
Address: 6494 COLLINS AVE #23
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: FONSECA, JOSE L
Address: 6494 COLLINS AVE #33
City-St-Zip: MIAMI BEACH, FL 33141

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:

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: HORTENSIA FAILDE

DP

03/30/2009

Electronic Signature of Signing Officer or Director

Date