2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# 712484

Entity Name: BROADWATER BEACH ARMS II, INC.

Current Principal Place of Business:

6494 COLLINS AVE. #24
ATTN: HORTENSIA FAILDE
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

6494 COLLINS AVE. #24
ATTN: HORTENSIA FAILDE
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:

FAILDE, HORTENSIA
6494 COLLINS AVE.
#24
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
Name: SARDINA-EDMONDS, DAMARIS
Address: 6494 COLLINS AVE, #27
City-St-Zip: MIAMI BEACH, FL 33141

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

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

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

Title: D
Name: VERDESIA, ANA L
Address: 6494 COLLINS AVE # 30
City-St-Zip: MIAMI BEACH, FL 33141

I hereby 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 all other like empowered.

SIGNATURE: HORTENSIA FAILDE DP 04/16/2012

Electronic Signature of Signing Officer or Director Date