

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746785

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: OCEAN VIEW PLAZA CONDOMINIUM, INC.

**Current Principal Place of Business:**

2924 COLLINS AVE.  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

2924 COLLINS AVE.  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IBARRA, CIRRI  
2924 COLLINS AVE.  
#502  
MIAMI BEACH, FL 33140 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: P ( ) Delete  
Name: GARAT, JUAN  
Address: 2924 COLLINS AVENUE #206  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T ( ) Delete  
Name: IBARRA, CIPRI  
Address: 2924 COLLINS AVENUE #502  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VS ( ) Delete  
Name: FERRARI, EDDY  
Address: 2924 COLLINS AVENUE #405  
City-St-Zip: MIAMI BEACH, FL 33140

Title: V ( ) Delete  
Name: RIVERA, VICTOR  
Address: 9220 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33138

Title: S ( ) Delete  
Name: GARCIA-CEREZO, CAROLINA  
Address: 2924 COLLINS AVE #204  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: POSADA, DIEGO  
Address: 2924 COLLINS AVENUE #503  
City-St-Zip: MIAMI BEACH, FL 33140

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: CIPRI IBARRA

T

04/17/2009

Electronic Signature of Signing Officer or Director

Date