2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 11, 2008 **DOCUMENT# 749123** Secretary of State

Entity Name: MIAMI BAYSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

910 BAY DRIVE #34

MIAMI BCH., FL 33141

New Mailing Address: Current Mailing Address:

910 BAY DRIVE

MIAMI BCH., FL 33141

FEI Number: 59-2230243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SOARES, ALVINO PINEDA, CARLOS 910 BAY DRIVE 910 BAY DRIVE

#34

MIAMI BCH., FL 33141 US MIAMI BCH., FL 33141 US

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: CARLOS PINEDA 09/11/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

LASTRE, RICARDO Name: Name: 910 BAY DR. #12 Address: Address: City-St-Zip: MIAMI BCH., FL 33141 City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: PENEDA, CARLOS Name: PINEDA, CARLOS

Address: 910 BAY DR. #20 Address: 910 BAY DR. #20 City-St-Zip: MIAMI BCH., FL 33141 City-St-Zip: MIAMI BCH., FL 33141

Title: () Delete Title: (X) Change () Addition

FORUTERIZ, MARIA FONTERIZ, MARIA Name: Name: Address: 910 BAY DR. #10 Address: 910 BAY DR. #10 City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete Title: () Change () Addition

Name: REY, ALEJANDRO Name: Address: 910 BAY DR. #15 Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip:

Title: Title: () Delete () Change () Addition

ALETHEA, ZOURAS Name: Name: 910 BAY DR. #16 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 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: RICARDO LASTRE PD 09/11/2008