2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Aug 24, 2006 8:00 am Secretary of State DOCUMENT # N03000001504 08-24-2006 90063 017 ****61.25 BLUÉ GROVE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7935 S.W. 86TH STREET PO BOX 143368 CORAL GABLES, FL 33114 SUITE 803 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address 2861 SW 38th Ave 286/5W Suite, Apt. #, etc. Suite, Apt. #, etc. 07272006 Chg-NP CR2E037 (4/06) 4. FEI Number APPLIED FOR 20 - 0353408 City & State . **City & State** Applied For Miami Miani Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33134 33/34 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Juan Andres Tirado CABRERA, ORESTES Street Address (P.O. Box Number is Not Acceptable) 7935 S.W. 86TH STREET SUITE 803 - - -MIAMI; FL 33143 City Miami 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. Lam familiar with, and accept the obligations of registered agent. Juan Andres Tirado President Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees , OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete ☐ Change Addition TIRADO, JUAN ANDRES NAME CABRERA, ORESTES NAME 2861 SW 384 AVE 7935 S.W. 86TH STREET, SUITE 803 STREET ADDRESS STREET ADDRESS MIAMI FL 33134 MIAMI, FL 33143 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition LYON, STEPHEN M. NAME GARCIA, MARIO J 2863 SW 3844 Avenue STREET ADDRESS 7935 S.W. 86TH STREET, SUITE 803 STREET ADDRESS Miami Fl 33134 CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-7IP TITLE TITLE Delete ☐ Change ★ Addition sorrosa, Saskia 2861 SW 38th Ave NAME GOMEZ, MIRIAM NAME STREET ADDRESS 7935 S.W. 86TH STREET, SUITE 803 STREET ADDRESS MIAM) FI 33124 CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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