

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006447

FILED
Apr 23, 2009
Secretary of State

Entity Name: KEEP BLEAU GREEN COMMITTEE, INC.

Current Principal Place of Business:

P. O. BOX 720427
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 720427
MIAMI, FL 33172

New Mailing Address:

FEI Number: 77-0605205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABRE, CLAUDE A
10464 NW 5 TERRACE
MIAMI, FL 33172 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: CARCASSES, JESUS 5 80 NW 9
Address: 9 PL
City-St-Zip: MIAMI, FL 33172

Title: V () Delete
Name: GRAMATGES, RAUL
Address: 9897 SW 4 ST
City-St-Zip: MIAMI, FL 33174

Title: S () Delete
Name: VILLALBA, ISABEL
Address: 10222 NW 5 TERRACE
City-St-Zip: MIAMI, FL 33172

Title: T () Delete
Name: FABRE, CLAUDE
Address: 10464 NW 5 TER
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: DOMINGUEZ, SOL
Address: 545 W. PARK DR.
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: GUZMAN, RICARDO
Address: 9682 FONTAINEBLEAU BLVD # 604
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARCASSES, JESUS 5 80 NW 9
Address: 580 NW 9 PL
City-St-Zip: MIAMI, FL 33172

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

Title: S (X) Change () Addition
Name: DOMINGUEZ, SOL
Address: 545 W. PARK DR.
City-St-Zip: MIAMI, FL 33172

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

Title: D (X) Change () Addition
Name: GUZMAN, RICARDO
Address: 9682 FONTAINEBLEAU BLVD # 604
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change () Addition
Name: VILLALBA, ISABEL
Address: 10222 NW 5 TER
City-St-Zip: MIAMI, FL 33172

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: CLAUDE FABRE

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date