

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005773

FILED
Aug 13, 2009
Secretary of State

Entity Name: RIVER BREEZE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MR. ABRAHAM MEMUN
6000 ISLAND BLVD, APT 701
AVENTURA, FL 33160

New Principal Place of Business:

ATTN: RAISA RUIZ
2340 SW 128 CT.
MIAMI, FL 33175

Current Mailing Address:

C/O MR. ABRAHAM MEMUN
6000 ISLAND BLVD, APT 701
AVENTURA, FL 33160

New Mailing Address:

C/O ARMANDO GARCIA
7450 SW 132 PLACE
MIAMI, FL 33183

FEI Number: 20-2281150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUADAYOL, JAVIER P.A.
13412 SW 128TH STREET
MIAMI, FL 33186 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: BENITEZ, LUIS MR.
Address: 2340 SW 128 CT
City-St-Zip: MIAMI, FL 33175

Title: VP () Change (X) Addition
Name: RAISA, RUIZ M MRS.
Address: 2340 SW 128 CT
City-St-Zip: MIAMI, FL 33175

Title: S () Change (X) Addition
Name: GARCIA, ARMANDO MR.
Address: 7450 SW 132 PLACE
City-St-Zip: MIAMI, FL 33183

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: RAISA M. RUIZ

VP

08/13/2009

Electronic Signature of Signing Officer or Director

Date