2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N04000008146

Entity Name: BACARAT AT 328 EUCLID AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

328 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 191904
MIAMI BEACH, FL 33119

New Mailing Address:

P.O. BOX 190239
MIAMI BEACH, FL 33119

FEI Number: 20-1581895 **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:

BARTLETT, SHERRY T
6140 S.W. 45 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

BLUE LEAF MANAGEMENT
601 COLLINS AVENUE
SUITE G
MIAMI BEACH, FL 33139 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: DOMINIQUE BAILLEUL 05/01/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CASILLAS, CARI
Address: P.O. BOX 403125
City-St-Zip: MIAMI, FL 33140

Title: VD ( ) Delete
Name: RAVELO, EVELYN
Address: 801 BRICKELL KEY DR #2005
City-St-Zip: MIAMI, FL 33131

Title: TD ( ) Delete
Name: GRANOFF, PETER
Address: 9131 KING ARTHUR DRIVE
City-St-Zip: DALLAS, TX 75247

Title: SD ( ) Delete
Name: SAVIANO, NUNZIO
Address: 305 EAST 88 ST., #4C
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: ALTMAN, JANET
Address: 328 EUCLID AVENUE UNIT # 101
City-St-Zip: MIAMI BEACH, FL 33139

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARI CASILLAS PD 05/01/2006
Electronic Signature of Signing Officer or Director Date