

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000407

FILED
Dec 01, 2009
Secretary of State

Entity Name: ALEX'S BLUEWATER FOUNDATION, INC

Current Principal Place of Business:

340 MINORCA AVE.
SUITE ONE
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

3034 DAY AVE
MIAMI
MIAMI, FL 33133

New Mailing Address:

340 MINORCA AVE.
SUITE ONE
MIAMI, FL 33134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
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:

SILVIA, CAVIGLIA J
3034 DAY AVE
MIAMI, FL 33133 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: SILVIA CAVIGLIA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAVIGLIA, SILVIA
Address: 340 MINORCA AVE, SUITE ONE
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: OWEN, EDUARDO
Address: 340 MINORCA AVE, SUITE ONE
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: PALMIERI, THOMAS
Address: 340 MINORCA AVE, SUITE ONE
City-St-Zip: MIAMI, FL 33133

Title: TR () Delete
Name: CAVIGLIA, BIANCA
Address: 3034 DAY AVE
City-St-Zip: MIAMI, FL 3313

Title: VP () Delete
Name: CAVIGLIA, MICHAEL
Address: 340 MINORCA AVE., SUITE 1
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: YOUNG, MARCELA
Address: 340 MINORCA AVE., SUITE 1
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: SILVIA CAVIGLIA

PRES

12/01/2009

Electronic Signature of Signing Officer or Director

Date