

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000407

FILED  
Jan 13, 2011  
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:**

FEI Number: 37-1500958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: TR  
Name: CAVIGLIA, BIANCA  
Address: 3034 DAY AVE  
City-St-Zip: MIAMI, FL 33133

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

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

I hereby 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 all other like empowered.

SIGNATURE: SILVIA CAVIGLIA

PRES

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date