

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 14, 2007**  
**Secretary of State**

DOCUMENT# N05000000838

**Entity Name:** BLUE WAVES CONDOMINIUM ASSOCIATION INC.**Current Principal Place of Business:**315 86TH STREET UNIT 3  
MIAMI BEACH, FL 33141**New Principal Place of Business:**3842 S.W. 137TH AVENUE  
MIAMI, FL 33175 US**Current Mailing Address:**315 86TH STREET UNIT 3  
MIAMI BEACH, FL 33141**New Mailing Address:**3842 S.W. 137TH AVENUE  
MIAMI, FL 33175 US**FEI Number:** 20-8238503**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**TORO, MARIE  
315 86TH STREET UNIT 3  
MIAMI BEACH, FL 33141 US**Name and Address of New Registered Agent:**ACEVEDO, EVELYN  
3842 SW 137TH AVENUE  
MIAMI, FL 33175 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: EVELYN ACEVEDO

08/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TORO, MARIE  
Address: 315 86TH STREET UNIT 3  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete  
Name: MENDEZ, STAVROULA  
Address: 315 86TH STREET UNIT 3  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete  
Name: MENDEZ, SANDRA  
Address: 315 86TH STREET UNIT 3  
City-St-Zip: MIAMI BEACH, FL 33141

Title: T (X) Delete  
Name: SIMEON, MARIE  
Address: 315 86TH STREET UNIT 3  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/P (X) Change ( ) Addition  
Name: OLIVELLA, JOAQUINA  
Address: 1135-92ND STREET UNIT 202  
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: D/VP (X) Change ( ) Addition  
Name: PORRAS, CARLOS A  
Address: 1135-92ND STREET, UNIT 102  
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: DST (X) Change ( ) Addition  
Name: BARTOLOME, RAMON  
Address: 1135-92ND STREET, UNIT 104  
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

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: RAMON BARTOLOME

DST

08/14/2007

Electronic Signature of Signing Officer or Director

Date