2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 03, 2007
Secretary of State

DOCUMENT# N05000000838

Entity Name: BLUE WAVES CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

3842 S.W. 137TH AVENUE
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

3842 S.W. 137TH AVENUE
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 20-8238503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACEVEDO, EVELYN
3842 SW 137TH AVENUE
MIAMI, FL 33175 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: D/P ( ) Delete
Name: OLIVELLA, JOAQUINA
Address: 1135-92ND STREET UNIT 202
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (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:

Title: D/ST (X) Change ( ) Addition
Name: MORRIS, CARLOS
Address: 1135-92ND STREET, UNIT 101
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

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 D/P 10/03/2007

Electronic Signature of Signing Officer or Director — Date