

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 01, 2008**  
**Secretary of State**

DOCUMENT# N05000000838

**Entity Name:** BLUE WAVES CONDOMINIUM ASSOCIATION INC.**Current Principal Place of Business:**854 SW 151 PLACE  
MIAMI, FL 33194 US**New Principal Place of Business:****Current Mailing Address:**854 SW 151 PLACE  
MIAMI, FL 33194 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:**RUMBAUT, JOSE F  
854 SW 151 PLACE  
MIAMI, FL 33194 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: BARTOLOME, RAMON  
Address: 1135-92ND STREET UNIT 104  
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

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

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

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

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

Title: D/VP (X) Change ( ) Addition  
Name: AGUIAR, GRETHERL  
Address: 7000 SW 80 ST, APTO 106  
City-St-Zip: SOUTH MIAMI, FL 33143 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: GRETHEL AGUIAR

DVP

08/01/2008

Electronic Signature of Signing Officer or Director

Date