

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 23, 2009
Secretary of State

DOCUMENT# N05000001046

Entity Name: OLAS AZULES CONDOMINIUM ASSOCIATION INC.**Current Principal Place of Business:**11601 BISCAYNE BLVD.
204
NORTH MIAMI, FL 33181 US**New Principal Place of Business:****Current Mailing Address:**11601 BISCAYNE BLVD.
204
NORTH MIAMI, FL 33181 US**New Mailing Address:****FEI Number:** 20-4588674 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ODDONE, CARINA
11601 BISCAYNE LVD
204
NORTH MIAMI, FL 33181 US**Name and Address of New Registered Agent:**CASTRO AND RAMIREZ LLC
1805 PONCE DE LEON BLVD
500
CORAL GABLES, FL 33134 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: CARLOS A CASTRO

11/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: TORO, MARIE
Address: 11601 BISCAYNE BLVD STE 204
City-St-Zip: NORTH MIAMI, FL 33181 US**Title:** DS () Delete
Name: ODDONE, CARINA
Address: 11601 BISCAYNE BLVD. STE 204
City-St-Zip: NORTH MIAMI, FL 33181 US**Title:** DT () Delete
Name: TEIXIDOR, SACHA
Address: 11601 BISCAYNE BLVD. STE 204
City-St-Zip: NORTH MIAMI, FL 33181 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS (X) Change () Addition
Name: BARBARA MANAGEMENT INC
Address: 11601 BISCAYNE BLVD. STE 204
City-St-Zip: NORTH MIAMI, FL 33181 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: MARIE TORO

DP

11/23/2009

Electronic Signature of Signing Officer or Director

Date