2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N05000006486

Entity Name: RIVERSIDE BREEZES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

370 MINORCA AVENUE
SUITE ONE
CORAL GABLES, FL 331344311

New Principal Place of Business:

2450 HOLLYWOOD BLVD
SUITE # 101
HOLLYWOOD, FL 33020

Current Mailing Address:

370 MINORCA AVENUE
SUITE ONE
CORAL GABLES, FL 331344311

New Mailing Address:

2450 HOLLYWOOD BLVD
SUITE # 101
HOLLYWOOD, FL 33020

FEI Number: 20-3122765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMSON, JOHN M ESQ.
370 MINORCA AVENUE
SUITE ONE
CORAL GABLES, FL 331344311 US

Name and Address of New Registered Agent:

GIULIANA, BOSIO
2450 HOLLYWOOD BLVD
SUITE ONE
HOLLYWOOD, FL 33020 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: GIULIANA BOSIO 04/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOSIO, GIULIANA
Address: 10958 NW 62ND TERRACE
City-St-Zip: DORAL, FL 33178

Title: VPD ( ) Delete
Name: FERNANDEZ, MARCOS
Address: 10958 NW 62ND TERRACE
City-St-Zip: DORAL, FL 33178

Title: SD ( ) Delete
Name: ALVAREZ, FABIAN
Address: 10958 NW 62ND TERRACE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GIULIANA BOSIO PD 04/29/2008
Electronic Signature of Signing Officer or Director Date