

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001674

FILED
Jan 08, 2009
Secretary of State

Entity Name: BLUE DIAMOND AND GREEN DIAMOND MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4777 COLLINS AVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4777 COLLINS AVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0337692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGEL, DAVID H
121 ALHAMBRA PLAZA
10TH FL
CORAL GABLES, FL 33131 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: VP () Delete
Name: HOLZ, ROLANDO A
Address: 4779 COLLINS AVE #2504
City-St-Zip: MIAMI BEACH, FL 33140

Title: P () Delete
Name: CASANOVA, ALICIA A
Address: 4775 COLLINS AVE #1702
City-St-Zip: MIAMI BEACH, FL 33140

Title: TS () Delete
Name: AGUILAR, RICHARD
Address: 4779 COLLINS AVE SUITE 1607
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SKOLNICK, BARRY
Address: 4775 COLLINS AVE #4405
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: TS (X) Change () Addition
Name: SKOLNICK, BARRY
Address: 4775 COLLINS AVE SUITE 4405
City-St-Zip: MIAMI BEACH, FL 33140

Title: SECR () Change (X) Addition
Name: COMPAGNONE, LINDA
Address: 4779 COLLINS AVE APT.3705
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Change (X) Addition
Name: REUS, ALEX
Address: 4779 COLLINS AVE, APT. 2105
City-St-Zip: MIAMI BEACH, FL 33140

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: ALICIA A. CASANOVA

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date