## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000062886

LEDESMA, MARIA

8251 NW 8TH ST

MIAMI, FL 33126

Name:

Address:

City-St-Zip:

Entity Name: AZUL AT FONTAINEBLEAU CONDOMINIUM ASSOCIATION, INC.

FILED May 01, 2008 Secretary of State

•				-,		
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
8251 NW 8TH ST MIAMI, FL 33126				7655 NW 50 STREET MIAMI, FL 33166		
Current Ma	ailing Addres	ss:	New Maili	New Mailing Address:		
309 23RD STREET #300 MIAMI BEACH, FL 33139				7655 NW 50 STREET MIAMI, FL 33166		
FEI Number:	20-1032986	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
309 23RD 8 #300		E MANAGMENT 9 US	7655 NW 5	UNLIMITED PROPERTY MANAGEMENT 7655 NW 50 STREET MIAMI, FL 33166 US		
The above in the State		submits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	E: UNLIMITI	ED PROPERTY MANAGEMEN	Т	05/01/2008		
	Electror	nic Signature of Registered Age	nt		Date	
		3(2)(b), F.S., the corporation did not	t receive the prior notic	e.		
	AND DIREC	g Trust Fund Contribution ( ). TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( ) SOCARRAS, R 8251 NW 8TH 3 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) FLORES, RAUI 8251 NW 8TH 3 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	TD (X FLORES, RAU 8251 NW 8TH MIAMI, FL 33	ST	
Title: Name: Address: City-St-Zip:	DT (X AMADOR, MAR 8251 NW 8TH 3 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title:	SD (	) Delete	Title:	(	) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICK SOCARRAS PD 05/01/2008