## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000096646

Entity Name: BLUE WAVES OF NORTH MIAMI BEACH INC.

FILED Nov 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

315 86TH STREET 11601 BISCAYNE BLVD

UNIT 3 204

MIAMI BEACH, FL 33141 NORTH MIAMI, FL 33181 US

**Current Mailing Address: New Mailing Address:** 

315 86TH STREET 11601 BISCAYNE BLVD UNIT 3

204

MIAMI BEACH, FL 33141 NORTH MIAMI, FL 33181 US

FEI Number: 06-1731123 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STAVROULA, MENDEZ ODDONE, CARINA 315 86TH STREET 11601 BISCAYNE BLVD 204

UNIT 3

MIAMI BEACH, FL 33141 US NORTH MIAMI, FL 33181 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: CARINA ODDONE 11/04/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

RIVERA, MAGALIS ODDONE, CARINA Name: Name:

315 86TH STREET UNIT 3 Address: 11601 BISCAYNE BLVD. STE 204 Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: NORTH MIAMI, FL 33181 US

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.

SIGNATURE: CARINA ODDONE 11/04/2009 D