## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P04000096646

Entity Name: BLUE WAVES OF NORTH MIAMI BEACH INC.

**FILED** Nov 23, 2009 Secretary of State

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

11601 BISCAYNE BLVD

204

NORTH MIAMI, FL 33181 US

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

11601 BISCAYNE BLVD

NORTH MIAMI, FL 33181 US

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

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

ODDONE, CARINA CASTRO AND RAMIREZ LLC 11601 BISCAYNE BLVD 1805 PONCE DE LEON BLVD 204 500

NORTH MIAMI, FL 33181 US 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PSTD** (X) Change ( ) Addition ODDONE, CARINA Name: Name: BARBARA MANAGEMENT INC 11601 BISCAYNE BLVD. STE 204 11601 BISCAYNE BLVD. STE 204 Address: Address: City-St-Zip: NORTH MIAMI, FL 33181 US 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: MARIE E MENDEZ **PSTD** 11/23/2009