

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000156849

FILED
Jul 30, 2008
Secretary of State**Entity Name:** BLUEWATER APPRAISAL GROUP, INCORPORATED**Current Principal Place of Business:**10300 SUNSET DR
470 G
MIAMI, FL 33173 US**New Principal Place of Business:****Current Mailing Address:**10300 SUNSET DR
470 G
MIAMI, FL 33173 US**New Mailing Address:****FEI Number:** 20-1894336**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MONDACA, OSMANY
10300 SUNSET DR
470 G
MIAMI, FL 33173 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:** D () Delete
Name: MONDACA, OSMANY
Address: 10300 SUNSET DR, 470G
City-St-Zip: MIAMI, FL 33173 US**Title:** D (X) Delete
Name: PEREZ, SALVADOR O
Address: 10300 SUNSET DR, 470G
City-St-Zip: MIAMI, FL 33173**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: MONDACA, OSMANY
Address: 10300 SUNSET DR, 470G
City-St-Zip: MIAMI, FL 33173 US**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSMANY MONDACA

P

07/30/2008

Electronic Signature of Signing Officer or Director

Date