## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000020703

Name:

Address:

City-St-Zip:

FILED Feb 25, 2008 Secretary of State

Entity Name: FLAMINGO WAVE CONDOMINIUM OF MIAMI BEACH, INC. **Current Principal Place of Business: New Principal Place of Business:** 846 JEFFERSON AVENUE MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** P.O. BOX 402336 MIAMI BEACH, FL 33140 FEI Number: 65-0388115 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: BENNETT, JOAN 763 41ST STREET SUITE C MIAMI BEACH, FL 33140 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition BLALOCK, PETER BLALOCK, PETER Name: Name: 846 JEFFERSON AVE # 4 846 JEFFERSON AVE # 4 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: Title: (X) Change ( ) Addition () Delete Name: ARCHAMBAULT, HAROLD Name: ARCHAMBAULT, HAROLD 590 OCEAN DRIVE #3A 590 OCEAN DRIVE #3A Address: Address: KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip: Title: Title: () Delete SD ( ) Change (X) 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:

RASSI, MARIA

846 JEFFERSON AVENUE #8

MIAMI BEACH, FL 33139

SIGNATURE: PETER BLALOCK P 02/25/2008