2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM Secretary of State

DOCUMENT # P01000078868 1. Entity Name BLUE LINE PROPERTIES, INC.					Secreta	ry of State
Principal Place of Business				3 (100) CT # CT C O	T	NOTER HALLE WHAT BEAUTIFF FEBRU
	#1- 					
C	OO NOT WRITE I	N THIS SPA	CE	01242005 No 4. FEI Number 65-1128667 5. Certificate of State		Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
ROBLES, 12386 SW MIAMI, FL	/ 82 AVENUE	·			OT WRIT	
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBLES, CARLOS 8270 S.W. 119TH STREET MIAMI, FL 33156	(A)	, , , , , , , , , , , , , , , , , , ,		- N 000003161.	Ú.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBLES, CARRIE 8270 S.W. 119TH STREET MIAMI, FL 33156		NA ASSESSMENT OF THE PROPERTY	U2.	/UZ/US-8006	'-009 ISO.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				4		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied that it is true and accurate and that my 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 further employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLES						