

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000103762	
1. Entity Name BLUE ROOM WELLNESS CENTER, INC.	

Principal Place of Business 5545 SW 8 STREET UNIT 209 MIAMI, FL 33134	Mailing Address 5545 SW 8 STREET UNIT 209 MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

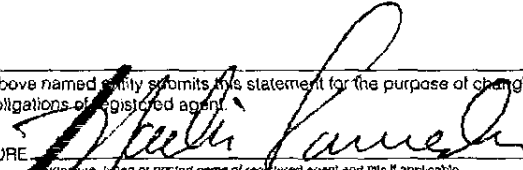
4. FEI Number 04-3715269	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAAVEDRA, NOELIA
5930 SW 16 TERRACE
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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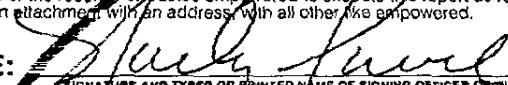
10. OFFICERS AND DIRECTORS

TITLE PD	NAME SAAVEDRA, NOELIA
STREET ADDRESS 5930 SW 16 TERRACE	
CITY-ST-ZIP MIAMI, FL 33134	
TITLE SD	NAME COLLAZO, DESIREE
STREET ADDRESS 5930 SW 16 TERRACE	
CITY-ST-ZIP MIAMI, FL 33134	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U00000518007
05/01/06-80063-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR