
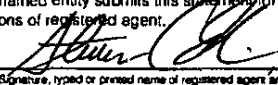



FILED
Mar 31, 2004 8:00 am
Secretary of State

03-09-2004 90017 003 ***150.00

**2004 FOR PROFIT CORPORATION,
 ANNUAL REPORT**

DOCUMENT # P02000121903			
1. Entity Name BLUE TECHNOLOGY, INC.			
Principal Place of Business 2400 WEST CYPRESS CREEK ROAD SUITE 100 FORT LAUDERDALE, FL 33309		Mailing Address 2400 WEST CYPRESS CREEK ROAD SUITE 100 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business 1451 WEST CYPRESS CREEK ROAD		3. Mailing Address 1451 WEST CYPRESS CREEK ROAD	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33309	Country UNITED STATES	Zip 33309	Country UNITED STATES
4. FEI Number 82-0582076		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent CFRA, LLC ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602-5730		7. Name and Address of New Registered Agent Name FRANK, WEINBERG & BLACK, P.L. Street Address (P.O. Box Number is Not Acceptable) 7805 S.W. 6TH COURT City PLANTATION FL Zip Code 33324	
B. 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:  A ATTORNEY ON BEHALF OF FRANK WEINBERG & BLACK, P.L. 3/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$530.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MASTRIANNA, LARAINÉ 1900 SOUTH OCEAN BLVD. PHC LAUDERDALE-BY-THE-SEA, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  LARAINÉ MASTRIANNA		Date 01/27/04	Daytime Phone # 954-229-7242
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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