2006 FOR PROFIT CORPORATION ANNUAL REPORT

····	ANNUAL	REPURI			-	4			
DOCUMENT # P04000139159 1. Entity Name						LUNC ARY OF STATE 1. ISIGN OF CORPORATIO			
BLUE MEDICAL NETWORK INC									
] 05 MA	Y-8 ANIC	J: 12		
Principal Plac									
1800 SW 27 MIAMI, FL 3	SW 27TH AVE #301 1800 SW 27TH AVE #301 , FL 33134 MIAMI, FL 33134								
					1 (85)(86) (it AAIN SSEN SSIN SSIII B		EMERT 11 1881	
Principal Place of Business 3. Mailing Address									
1330 SW 22 ST Same Suite, Apt. #, etc. Suite. Apt. #, etc.					-	II 8814 818) 884 89111 E	saint linnu clita inini finnt ûffib :	B 1861 B 1	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				05052006	Chg-P	CR2E034 (11/05)	
City & State	State City & State				4. FEI Numb			applied For lot Applicable	
_Zip	Country Zip Cour				1	e of Status Desired	to 75	· · · · · · · · · · · · · · · · · · ·	
33145 USA 6. Name and Address of Current Registered Agent			<u> </u>	Fee Required 7. Name and Address of New Registered Agent					
	Na	Name							
VALDES, ROLANDO 1800 SW 27TH AVE # 801				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33134				1220 5. 1 22 57 510:1102					
			Cit	30	<u> 200</u>	22 S	FL Zingen	<u>705</u>	
8. The above	named entity submits this statement for	or the purpose of changing its	registered offi	ce or registe	red agent, or be	oth, in the State of F	· · · · · · · · · · · · · · · · · · ·	1. and accept	
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. When or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)									
		(10.	L. Hegisterso Again	and trade and the	C Wile-Freihaus (au rig)		DATE		
	LE NOWIII FEE IS \$550.00 ue by September 6, 2006	9. Election Campa Trust Fund Con	-	\$5 □ Add	.00 May Be ded to Fees				
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO		
TITLE NAME	DP VALDES, ROLANDO	☐ Delete	TITLE NAME	,_,	7 .		Change		
STREET ADDRESS	1800 SW 27TH AVE #301		STREET ADD	rc22 **	_	~ 22 S		105	
CITY-ST-ZIP	MIAMI, FL 33134	Пол	CITY-ST-ZIF	M	10MI	FL 33		F-1 4 1 222	
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NAME			NAME						
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CITY-ST-ZIP			CITY-ST-ZI						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME Street address			NAME Street add	RESS					
CITY-ST-ZIP			CITY-ST-ZII						
TITLE NAME		Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET ADD	RESS					
CITY-ST-ZIP			CITY-ST-ZI						
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 of fustee 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: 5506									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #									

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICED THAT I NEVER RECEIVED THE 2006 ANNUAL REPORT NOTICE FROM YOUR OFFICE TO PAY THE ANNUAL FEES. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

ROLANDO VALDES

PRESIDENT