

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90387 048 ***150.00

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DOCUMENT # P99000082396

1. Entity Name
TEQUILA BLUE, INC.



Principal Place of Business
**601 BRICKELL KEY DRIVE #802
MIAMI FL 33131**

Mailing Address
**601 BRICKELL KEY DRIVE #802
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address
MARTHA DASER

Suite, Apt. #, etc.

Suite, Apt. #, etc.
601 Brickell Key Dr

City & State

City & State
MIAMI FL

4. FEI Number **65-0964078**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country
FL 33131

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VAZQUEZ, GERARDO A ESQ.
601 BRICKELL KEY DRIVE #802
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **MARTHA DASER**
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Dr
City **MIAMI** FL Zip Code **33131**

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 *Martha Daser* **MARTHA DASER** **April 28, 2003**
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	VAZQUEZ, GERALDO A	
STREET ADDRESS	601 BICKELL KEY DR., STE 802	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD J	<input type="checkbox"/> Delete
NAME	DASER, MARTHA	
STREET ADDRESS	601 BRICKELL KEY DR., STE 802	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Martha Daser*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2003
Date Daytime Phone #

CR2E034 (10/02)