

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

DOCUMENT # P99000106022			
1. Entity Name IBLUES CORPORATION			
Principal Place of Business 130 MENDOZA AVE. #43 CORAL GABLES, FL 33134		Mailing Address 130 MENDOZA AVE. #43 CORAL GABLES, FL 33134	
2. Principal Place of Business 143209 P.O. Box 143209 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 143209 Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State Coral Gables, FL	
Country USA		Country USA	
4. FEI Number 65-0966003		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 CORAL WAU 4TH FLR MIAMI, FL 33146		7. Name and Address of New Registered Agent	
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 _____	
FILE NOW! FEES \$150.00 APR 15, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		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	CROP ORTEGA, FRANCISCO 130 MENDOZA AVENUE #43 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ORTEGA, FRANCISCO 143209 P.O. BOX 143209 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ORTEGA, PATRICIA 130 MENDOZA AVE #43 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ORTEGA, PATRICIA 143209 P.O. BOX 143209 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARAY, CECILIA 130 MENDOZA AVE #23 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, CECILIA P.O. BOX 143209 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTEGA, JIMENA 130 MENDOZA AVE. #23 MIAMI, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTEGA, JIMENA 130 MENDOZA AVE. #23 P.O. BOX 143209 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, FRANCISCO M 130 MENDOZA AVE. #43 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, FRANCISCO 143209 P.O. BOX 143209 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(1), 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: Francisco Ortega		Date: MAY-1-03 305-567-0999	

CR2003 (10/02)