
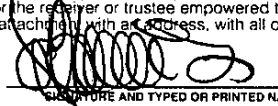


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90050 019 \*\*\*150.00

<b>DOCUMENT # P01000055811</b> 1. Entity Name <b>BLUE SAND ENTERPRISES, INC.</b>			
Principal Place of Business <b>7441 WAYNE AVENUE SUITE #9E MIAMI BEACH, FL 33141</b>		Mailing Address <b>7441 WAYNE AVENUE SUITE #9E MIAMI BEACH, FL 33141</b>	
2. Principal Place of Business <b>1925 BRICKELL Ave</b> Suite, Apt. #, etc. <b># D 406</b> City & State <b>MIAMI FL</b> Zip <b>33129</b>		3. Mailing Address <b>1925 BRICKELL Ave</b> Suite, Apt. #, etc. <b># D 406</b> City & State <b>MIAMI FL</b> Zip <b>33129</b>	
4. FEI Number <b>65-1111849</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SALDIVIA, FELIPE 7441 WAYNE AVENUE, SUITE 9E MIAMI BEACH, FL 33141</b>		7. Name and Address of New Registered Agent Name <b>FELIPE SALDIVIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1925 BRICKELL Ave.</b> <b># D 406</b> City <b>MIAMI</b> FL <b>33129</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>BUGNA DE BATTAGLINO, MARIA JOSE</b> <b>7441 WAYNE AVENUE SUITE #9E</b> <b>MIAMI BEACH, FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>BUGNA DE CALDERONI, MARIA CRISTINA</b> <b>7441 WAYNE AVENUE, SUITE 9E</b> <b>MIAMI BEACH, FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>MARTINEZ DE BUGNA, MARIA C.</b> <b>7441 WAYNE AVENUE, SUITE 9E</b> <b>MIAMI BEACH, FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>BUGNA, RICARDO MARIO</b> <b>7441 WAYNE AVENUE, SUITE 9E</b> <b>MIAMI BEACH, FL 33141</b>	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
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 a address, with all other title empowered.			
SIGNATURE: 		Date <b>April 01/05</b> Daytime Phone # <b>305 858 9780</b>	