

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90049 037 ***150.00

DOCUMENT # L03000040134					
1. Entity Name BLUEPOINT TECHNOLOGIES LLC					
Principal Place of Business 4254 SOUTHWEST 161 PLACE MIAMI, FL 33185 US			Mailing Address 4254 SOUTHWEST 161 PLACE MIAMI, FL 33185 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEZAMA, JULIAN A 6241 SW 138 CT UNIT A MIAMI, FL 33183				Name Street Address (P.O. Box Number is Not Acceptable) 4254 S.W. 161 Place City MIAMI FL Zip Code 33185	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARZORATTI, ANIBAL H 6241 SW 138 CT MIAMI, FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marzoratti, Anibal H 4254 S.W. 161 Place MIAMI, FL 33185	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLDANI, GRACIELA A 6241 SW 138 CT MIAMI, FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Voldani, Graciela A 4254 S.W. 161 Place MIAMI, FL 33185	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			1/23/06 Date Daytime Phone #		