

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000055811

1. Entity Name
BLUE SAND ENTERPRISES, INC.



Principal Place of Business

**1925 BRICKELL AVE
D 406
MIAMI, FL 33129**

Mailing Address

**1925 BRICKELL AVE
D 406
MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1111849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALDIVIA, FELIPE
4925 BRICKELL AVE
D 406
MIAMI, FL 33129**

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IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000604738
01/30/07-80006-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BUGNA DE BATTAGLINO, MARIA JOSE
STREET ADDRESS	7441 WAYNE AVENUE SUITE #9E
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD
NAME	BUGNA DE CALDERONI, MARIA CRISTINA
STREET ADDRESS	7441 WAYNE AVENUE, SUITE 9E
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	PD
NAME	MARTINEZ DE BUGNA, MARIA C
STREET ADDRESS	7441 WAYNE AVENUE, SUITE 9E
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	SD
NAME	BUGNA, RICARDO MARIO
STREET ADDRESS	7441 WAYNE AVENUE, SUITE 9E
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John 23-2007 305 85899780