2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L03000040134

Entity Name: BLUEPOINT TECHNOLOGIES LLC

Current Principal Place of Business:

10661 NORTH KENDALL DR.
SUITE 220
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

10661 NORTH KENDALL DR.
SUITE 220
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 77-0610953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEZAMA, JULIAN A
4254 SW 161 PLACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MARZORATTI, ANIBAL H
Address: 4254 SW 161 PLACE
City-St-Zip: MIAMI, FL 33185 US

Title: MGR ( ) Delete
Name: OLDANI, GRACIELA A
Address: 4254 SW 161 PLACE
City-St-Zip: MIAMI, FL 33185 US

Title: MGRP ( ) Delete
Name: LEZAMA, JULIAN A
Address: 4254 S .W . 161 PLACE
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: LEZAMA, JULIAN A
Address: 4254 S .W . 161 PLACE
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIAN LEZAMA MGRM 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date