

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09779

Entity Name: BLUE SHORE, INC.**Current Principal Place of Business:**201 S. BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131**Current Mailing Address:**201 S. BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 US**FEI Number:** 59-2065350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW CENTER OF THE AMERICAS, LLC
201 S. BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 US*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**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT
Name LOPEZ ESTRADA, MARIO DAVID
Address 251 CRANDON BLVD.
UNIT 1006
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name LOPEZ PEREZ DE BIGURIA,
GABRIELA
Address 251 CRANDON BLVD.
UNIT 1006
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name LOPEZ PEREZ DE LARA, MARIANA
Address 251 CRANDON BLVD.
UNIT 1006
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR, SECRETARY
Name PEREZ BOSCH DE LOPEZ, ANA
MARIA
Address 251 CRANDON BLVD.
UNIT 1006
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name LOPEZ PEREZ, MARIO
Address 250 CRANDON BLVD.
UNIT 1006
City-State-Zip: KEY BISCAYNE FL 33149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIO DAVID LOPEZ ESTRADA

DIRECTOR, PRESIDENT

04/07/2017

Electronic Signature of Signing Officer/Director Detail_____
Date