

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000107693

**Entity Name:** BLUE BLOOD INVESTMENTS OF FLORIDA, INC.

**Current Principal Place of Business:**

335 S.BISCAYNE BLVD.  
1809  
MIAMI, FL 33131

**FILED**  
**Apr 17, 2019**  
**Secretary of State**  
**7454111227CC**

**Current Mailing Address:**

335 S.BISCAYNE BLVD.  
1809  
MIAMI, FL 33131 US

**FEI Number: 37-1427792**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LANZAFAME, ALFIO  
335 S.BISCAYNE BLVD.  
1809  
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 PD  
Name LANZAFAME, ALFIO  
Address 335 S. BISCAYNE BLVD 1809  
City-State-Zip: MIAMI FL 33131

Title TD  
Name LANZAFAME, GIAN PAOLO  
Address 335 S. BISCAYNE BLVD 1809  
City-State-Zip: MIAMI FL 33131

Title S  
Name LANZAFAME, MORELA  
Address 335 S. BISCAYNE BLVD 1809  
City-State-Zip: MIAMI FL 33131

*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: ALFIO LANZAFAME**

**P**

**04/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date