2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2015
Secretary of State
CC3480320129

DOCUMENT# P14000043928

Entity Name: BLU STAR INSURANCE INC

Current Principal Place of Business:

1719 W SLIGH AVE
TAMPA, FL 33614

Current Mailing Address:

POBOX 15185
TAMPA, FL 33684

FEI Number: 46-5683673

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACOSTA, HATDIEL H SR
8645 LEIGHTON DR
TAMPA, FL 33614 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	P
Name	ACOSTA, HATDIEL H
Address	8645 LEIGHTON DR
City-State-Zip:	TAMPA FL 33614

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: HATDIEL ACOSTA P 02/26/2015

Electronic Signature of Signing Officer/Director Detail — Date