

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 191873

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: BLUE LAKE DEVELOPMENT CORPORATION

## Current Principal Place of Business:

OFFICE  
10001 W. FLAGLER ST.  
MIAMI, FL 33174 US

## New Principal Place of Business:

10001 W. FLAGLER ST.  
OFFICE BLDG.  
MIAMI, FL 33174 US

## Current Mailing Address:

PO BOX 650147  
MIAMI, FL 33265

## New Mailing Address:

FEI Number: 59-0872606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RAPEE, STUART M ESQ  
3750 NE 208 ST.  
#506  
NORTH MIAMI, FL 33180 US

## Name and Address of New Registered Agent:

RAPEE, STUART M ESQ  
3750 NE 208 ST.  
NORTH MIAMI, FL 33180 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

01/08/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RAPEE, BRUCE E  
Address: P.O. BOX 650147  
City-St-Zip: MIAMI, FL 332650147

Title: SD ( ) Delete  
Name: RAPEE, STUART M  
Address: P.O. BOX 650147  
City-St-Zip: MIAMI, FL 332650147

Title: D ( ) Delete  
Name: RAPEE, LEANNE  
Address: P.O. BOX 650147  
City-St-Zip: MIAMI, FL 332650147

Title: D ( ) Delete  
Name: RAPEE, SONYA D  
Address: P.O. BOX 650147  
City-St-Zip: MIAMI, FL 332650147

Title: ST ( ) Delete  
Name: NG, ANNABEL ALONSO  
Address: P.O. BOX 650147  
City-St-Zip: MIAMI, FL 332650147

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE E RAPEE

Electronic Signature of Signing Officer or Director

PD

01/08/2004

Date