

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 191873

FILED
Jan 06, 2005
Secretary of State

Entity Name: BLUE LAKE DEVELOPMENT CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

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

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: ST (X) Change () Addition
Name: RAMMOS, MARJORIE Z
Address: P.O. BOX 650147
City-St-Zip: MIAMI, FL 332650147

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 RAPEE

P

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date