## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 191873** 

Entity Name: BLUE LAKE DEVELOPMENT CORPORATION

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace Of Dusiliess.

10001 W. FLAGLER ST. 9823 SW 93 TERRACE OFFICE BLDG. MIAMI, FL 33176 US MIAMI, FL 33174 US

Current Mailing Address: New Mailing Address:

P.O. BOX 836148 PO BOX 836148 MIAMI, FL 332836148 US

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

Name and Address of Current Registered Agent: 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 Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition RAPEE, BRUCE E RAPEE, BRUCE E Name: Name: P.O. BOX 650147 PO BOX 836148 Address: Address: City-St-Zip: MIAMI, FL 332650147 City-St-Zip: MIAMI, FL 332836148 US

Title: SD () Delete Title: SD (X) Change () Addition Name: RAPEE, STUART M Name: RAPEE, STUART M

 Name:
 RAPEE, STUART M

 Address:
 P.O. BOX 650147
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 PO BOX 836148

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Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: RAPEE, LEANNE Name: RAPEE, LEANNE

 Name:
 RAPEE, LEANNE

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Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: RAPEE, SONYA D Name: RAPEE, SONYA D

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 RAPEE, SONYA D

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 City-St-Zip:
 MIAMI, FL 332836148 US

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 RAMMOS, MARJORIE Z
 Name:
 RAMMOS, MARJORIE Z

 Address:
 P.O. BOX 650147
 Address:
 PO BOX 836148

 City-St-Zip:
 MIAMI, FL 332836147
 City-St-Zip:
 MIAMI, FL 332836148 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 PD 01/06/2006