

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90017 047 ***150.00



DOCUMENT # 191873
 1. Entity Name
BLUE LAKE DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
9823 SW 93 TERRACE **9823 SW 93 TERRACE**
MIAMI, FL 33176 US **MIAMI, FL 33176 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01082008 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
59-0872606 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RAPEE, STUART M ESQ
3750 NE 208 ST.
NORTH MIAMI, FL, 33180

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAPEE, BRUCE E	
STREET ADDRESS	PO BOX 836148	
CITY-ST-ZIP	MIAMI, FL 332836148	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAPEE, STUART M	
STREET ADDRESS	PO BOX 836148	
CITY-ST-ZIP	MIAMI, FL 332836148	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAPEE, LEANNE	
STREET ADDRESS	PO BOX 836148	
CITY-ST-ZIP	MIAMI, FL 332836148	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAPEE, SONYA D	
STREET ADDRESS	PO BOX 836148	
CITY-ST-ZIP	MIAMI, FL 332836148	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RAMMOS, MARJORIE Z	
STREET ADDRESS	PO BOX 836148	
CITY-ST-ZIP	MIAMI, FL 332836148	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9823 SW 93 Terr	
STREET ADDRESS	33176	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3050 NE 208 St	
STREET ADDRESS	Aventura FL 33181	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9823 SW 93 Terr	
STREET ADDRESS	33176	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3050 NE 208 St	
STREET ADDRESS	Aventura FL 33181	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Rapée Bruce Rapée 1-12-08 305 274-4457
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #