2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2007 08:00 AM **DOCUMENT # 408171 Secretary of State** 1. Entity Name BLUE STAR, INC. Principal Place of Business Mailing Address 2351 WEST FLAGLER ST 2351 WEST FLAGLER ST MIAMI, FL 33135 MIAMI, FL 33135 CR2E034 (11/05) 01222007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1435944 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIDAL, SERGIO CARLOS DO NOT WRITE 2351 WEST FLAGLER ST MIAMI, FL 33135 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SD TITLE VIDAL, TERESA NAME STREET ADDRESS 2351 WEST FLAGLER ST CITY-ST-ZIP MIAMI, FL 33135 TITLE O'DELL, ANA U00000639056 02/28/07-80010-024 150.00 2351 WEST FLAGLER ST STREET ADORESS CITY-ST-ZIP MIAMI, FL 33135 PDTD TITLE VIDAL, SERGIO CARLOS NAME STREET ADDRESS 2351 WEST FLAGLER ST DO NOT WRITE CITY-ST-7IP MIAMI, FL 33135 IN THIS SPACE TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 this empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

2/16/07 Deta 305)6495700

FILED