


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 662401 1. Entity Name BLUE ROOM CORPORATION	
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Principal Place of Business 2140 W. FLAGLER SUITE 109 MIAMI, FL 33135-1662	Mailing Address ENRIQUE LORENZO 13032 SW 5TH STREET MIAMI, FL 33184-1216
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2009652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NIETO, BENIGNO S.
11867 SW 93RD TER
MIAMI, FL 33186**

**DO NOT WRITE
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: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000074935
03/03/04-80040-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NIETO, BENIGNO S. 11867 SW 93RD TERR MIAMI, FL 331862170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DE NIETO, CARIDAD 11867 SW 93RD TERR MIAMI, FL 331862170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NIETO, SERGIO 11867 SW 93RD TERR MIAMI, FL 331862170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NIETO, NEISY 11867 SW 93RD TERR MIAMI, FL 331862170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BENIGNO S. NIETO
PRESIDENT**

01/20/04

Date

Daytime Phone #

BENIGNO S. NIETO