

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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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DO NOT WRITE IN THIS SPACE

	
02132008 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2009652	Applied For 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

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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

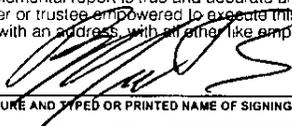
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIETO, BENIGNO S. 11867 SW 93RD TERR MIAMI, FL 331862170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DE NIETO, CARIDAD 11867 SW 93RD TERR MIAMI, FL 331862170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 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	

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 03/06/08-80007-014 150.00

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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 an agent like empowered.

SIGNATURE:  **BENIGNO S. NIETO** **DIRECTOR** **(306)**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/18/08** Daytime Phone #: **541-2715**