## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J61178

28635 SW 144 AVE

HOMESTEAD, FL 33033

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Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED May 11, 2006 Secretary of State

Entity Name: BLUE WATER CANVAS & MARINE INTERIORS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4 FISHING VILLAGE DR OCEAN REEF KEY LARGO, FL 33037 **New Mailing Address: Current Mailing Address:** 4 FISHING VILLAGE DR OCEAN REEF KEY LARGO, FL 33037 US FEI Number: 59-2770073 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: JIMENEZ, NOE DPT 4 FISHING VILLAGE DR OCEAN REEF CLUB KEY LARGO, FL 33037 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPT ( ) Delete Title: (X) Change ( ) Addition JIMENEZ, NOE MR Name: Name: JIMENEZ, NOE MR 28635 SW 144 AVE 28635 SW 144 AVE Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033 US ( ) Delete Title: VSD Title: VSD (X) Change ( ) Addition MONTES, JUAN C MR Name: MONTES, JUAN C MR Name: 16981 SW 298 ST 16981 SW 298 ST Address: Address: HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 US City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: VSD ( ) Delete VSD JIMENEZ, IRMA T MRS JIMENEZ, IRMA T MRS Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

28635 SW 144 AVE

16981 SW 298 ST

SECR

HOMESTEAD, FL 33033 US

HURTADO, MAYRA L MRS

HOMESTEAD, FL 33030 US

( ) Change (X) Addition

SIGNATURE: IRMA T JIMENEZ **VSD** 05/11/2006