2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90049 031 ***150.00

DOCUMENT # K15742

1. Entity Name
BLUESHIRE, INC.

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
5209 NW 74th Ave., #220 Miami, FL 33166	PO Box 527245 Miami, FL 33152

2. Principal Place of Business	3. Mailing Address
717 Ponce Leon Blvd., #234	717 Ponce Leon Blvd., #234
Suite, Apt. #, etc. Suite 234	Suite, Apt. #, etc. Suite 234
City & State Coral Gables, FL 33134	City & State Coral Gables, FL 33134
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 59-2185522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Garcia, Isabel Suite 220 5209 NW 74th Avenue Miami, FL 33166	Name: Frank R. S. Fabre Street Address (P.O. Box Number is Not Acceptable): 717 Ponce de Leon Blvd., Suite 234 City: Coral Gables FL Zip Code: 33134

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 _____ 02/26/04
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Garcia, Maria Isabel 5209 NW 74th Ave., Suite 220 Miami, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete Gonzalez, Rosa E. 5209 NW 74th Ave., Suite 220 Miami, Florida 33166	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Dickinson, Paola M. 4990 SW 80 St. Miami, FL 33143
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Fabre, Frank R 717 Ponce de Leon Blvd., #234 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Frank R. Fabre 02/26/04 305 446-3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #