# 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.

| Principal Place of Business | Mailing Address |
|---|---|
| 5209 NW 74th Ave., #220<br>Miami, FL 33166 | PO Box 527245<br>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 |

MOORE CR2E034 (11/03)

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<br>Suite 220<br>5209 NW 74th Avenue<br>Miami, FL 33166 | Name: Frank R. S. Fabre<br>Street Address (P.O. Box Number is Not Acceptable): 717 Ponce de Leon Blvd., Suite 234<br>City: Coral Gables<br>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 resigning) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>Garcia, Maria Isabel<br>5209 NW 74th Ave., Suite 220<br>Miami, FL 33166 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE PD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☒ Delete<br>Gonzalez, Rosa E.<br>5209 NW 74th Ave., Suite 220<br>Miami, Florida 33166 | TITLE PD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☒ Change ☐ Addition<br>Dickinson, Paola M.<br>4990 SW 80 St.<br>Miami, FL 33143 |
| TITLE SD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>Fabre, Frank R<br>717 Ponce de Leon Blvd., #234<br>Coral Gables, FL 33134 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 #