

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDMENT

DOCUMENT # K24780

1. Entity Name  
SPARKLING BLUE, INC.



FILED  
04 FEB 18 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12794 SW 8 ST  
MIAMI, FL 33184

Mailing Address

5820 NW 114TH ST.  
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

782 NW LeJeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

548

02122004

Chg-P

CR2E034 (10/03)

City & State

City & State

MIAMI

FL

4. FEI Number

65-0227118

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

USA

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

BONZA, JESUS  
340 NW 161 AVE  
PEMBROKE PINES, FL 33028

Name

JESUS BOUZA

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

02/13/2004

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

300029402913  
02/25/04--01068--005 \*\*\$61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME BOUZA, MIGUEL A ☐ Delete  
STREET ADDRESS 5820 NW 114 ST  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME BOUZA, JESUS  
STREET ADDRESS 340 NW 161 AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BOUZA, MILAGROS  
STREET ADDRESS 5820 NW 114 STREET  
CITY-ST-ZIP HIALEAH, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/2004 (305) 227-7777

Date

Daytime Phone #

Ta