


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90028 022 ****55.00

DOCUMENT # L02000001991	
1. Entity Name BLUE CODE USA LLC	

Principal Place of Business 8000 NW 31 STREET STE 12 MIAMI, FL 33112	Mailing Address 8000 NW 31 STREET STE 12 MIAMI, FL 33112
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24046379

2. Principal Place of Business 7293 NW 12 STREET	3. Mailing Address 7293 NW 12 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03212004 Chg-LLC CR2E083 (10/03)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33126	Zip 33126
Country MIAMI DODE	Country MIAMI DODE

4. FEI Number 01-0727310	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
EDUARDO SCHIANO, CHRISTIAN 8000 NW 31 STREET MIAMI, FL 33122	
7. Name and Address of New Registered Agent	
Name	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHIANO, CHRISTIAN E		NAME SCHIANO, CHRISTIAN E	
STREET ADDRESS 8000 NW 31 STREET STE 2		STREET ADDRESS 7293 NW 12 STREET	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP MIAMI, FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # _____