


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90374 024 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                              |                                                                                                                                                                                                                                 |                                                                                                            |  |
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| DOCUMENT # L02000001991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                              |                                                                                                                                                                                                                                 |                           |  |
| 1. Entity Name<br><b>BLUE CODE USA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                              |                                                                                                                                                                                                                                 |                                                                                                            |  |
| Principal Place of Business<br><b>1375 NW 97 AVE. #2</b><br><b>DORAL, FL 33172</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                              | Mailing Address<br><b>1375 NW 97 AVE. #2</b><br><b>DORAL, FL 33172</b>                                                                                                                                                          |                                                                                                            |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>168 SE 1ST STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>STE 504 FLOOR 5</b>          |                                                                                                                                                                                                                                 |                                                                                                            |  |
| City & State<br><b>MIAMI, FL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            | City & State<br>City & State                                                 |                                                                                                                                                                                                                                 | 4. FEI Number<br><b>01-0727310</b>                                                                         |  |
| Zip<br><b>33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            | Country<br><b>DADE</b>                                                       |                                                                                                                                                                                                                                 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>EDUARDO SCHIANO, CHRISTIAN</b><br><b>8000 NW 31 STREET</b><br><b>MIAMI, FL 33122</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                              | 7. Name and Address of New Registered Agent<br>Name<br><b>SCHIANO CHRISTIAN E</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1375 NW 97 AVE # 2</b><br>City<br><b>DORAL</b> <b>FL</b> Zip Code<br><b>33172</b> |                                                                                                            |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                  |                                                                                            |                                                                              |                                                                                                                                                                                                                                 |                                                                                                            |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            | <b>Make check payable to</b><br><b>Florida Department of State</b>           |                                                                                                                                                                                                                                 |                                                                                                            |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            |                                                                              | 10. ADDITIONS/CHANGES                                                                                                                                                                                                           |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br><b>SCHIANO, CHRISTIAN E</b><br><b>7293 NW 12TH STREET</b><br><b>MIAMI, FL 33126</b> | <input type="checkbox"/> Delete                                              |                                                                                                                                                                                                                                 |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br><b>SCHIANO, CHRISTIAN E</b><br><b>1375 NW 97 AVE # 2</b><br><b>DORAL, FL 33172</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                 |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                                 |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                                 |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                                 |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                                 |                                                                                                            |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of trust or the empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                            |                                                                              |                                                                                                                                                                                                                                 |                                                                                                            |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                              |                                                                                                                                                                                                                                 |                                                                                                            |  |
| <small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                              |                                                                                                                                                                                                                                 | <small>Daytime Phone #</small>                                                                             |  |

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