

2004

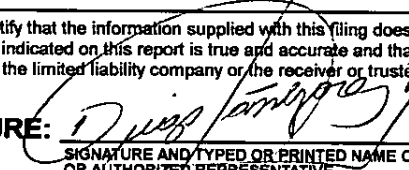
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90221 005 ****50.00

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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---------|---|--|-----------------------------------|
| DOCUMENT # L02000031249 | | | | | |
| 1. Entity Name Blue Bay Imports, L.L.C. | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 4890 N.W. 102nd Ave. | | | 3. Mailing Address 4890 N.W. 102nd Ave. | | |
| Suite, Apt. #, etc. Suite 102 | | | Suite, Apt. #, etc. Suite 102 | | |
| City & State Doral, FL | | | City & State Doral, FL | | |
| Zip 33178-2222 | | Country | | 4. FEI Number 55-0806829 | |
| | | | | Applied For Not Applicable | |
| 33178-2222 | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | | | 7. Name and Address of Current Registered Agent | |
| | | | | Name Canizares, Diego | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 4890 N.W. 102nd Ave. | |
| | | | | Apt. 102 | |
| | | | | City Doral | |
| | | | | FL Zip Code 33178 | |
| 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| | | | FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Canizares, Diego 4890 N.W. 102nd Ave., Apt. 102 Doral, FL 33178 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Gondi, S.A. 4890 N.W. 102nd Ave., Apt. 102 Doral, FL 33178 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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| 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:  Diego Canizares 03/29/04. 305-513-4652 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |

CR2E083B (12/02)