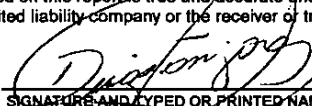


2005

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90013 003 ****50.00

DOCUMENT # -L02000031-249					
1. Entity Name Blue Bay Imports, L.L.C.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3900 N.W. 79th Ave. <small>Suite, Apt. #, etc.</small> Suite 597 <small>City & State</small> Doral, FL <small>Zip</small> 33166-6570			3. Mailing Address 3900 N.W. 79th Ave. <small>Suite, Apt. #, etc.</small> Suite 597 <small>City & State</small> Doral, FL <small>Zip</small> 33166-6570		
			4. FEI Number 55-0806829		
			Applied For Not Applicable		
			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) 11252 N.W. 42nd Terr.	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
		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	Manager Canizares, Diego 11252 N.W. 42nd Terr. Doral, FL 33178		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Gondi, S.A. 11252 N.W. 42nd Terr. 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)(f), 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		04/14/05 305-513-4652	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2E083B (12/02)