


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90274 013 ****55.00

DOCUMENT # L03000040134 1. Entity Name BLUEPOINT TECHNOLOGIES LLC					
Principal Place of Business 6241 SW 138 CT UNIT A MIAMI, FL 33183 US			Mailing Address 6241 SW 138 CT UNIT A MIAMI, FL 33183 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 77-0610953	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent LEZAMA, JULIAN A 6241 SW 138 CT UNIT A MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 NAME STREET ADDRESS CITY-ST-ZIP	P MARZORATTI, ANIBAL H 6241 SW 138 CT MIAMI, FL 33183	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLDANI, GRACIELA A 6241 SW 138 CT MIAMI, FL 33183	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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:			ANIBAL H. MARZORATTI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 02/13/2004 Daytime Phone # _____		