


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90049 037 \*\*\*150.00

<b>DOCUMENT # L03000040134</b>					
<b>1. Entity Name</b> <b>BLUEPOINT TECHNOLOGIES LLC</b>					
<b>Principal Place of Business</b> 4254 SOUTHWEST 161 PLACE MIAMI, FL 33185 US			<b>Mailing Address</b> 4254 SOUTHWEST 161 PLACE MIAMI, FL 33185 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LEZAMA, JULIAN A 6241 SW 138 CT UNIT A MIAMI, FL 33183				Name Street Address (P.O. Box Number is Not Acceptable) 4254 S.W. 161 Place City MIAMI FL Zip Code 33185	
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZORATTI, ANIBAL H		NAME	Marzoratti, Anibal H	
STREET ADDRESS	6241 SW 138 CT		STREET ADDRESS	4254 S.W. 161 Place	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDANI, GRACIELA A		NAME	Oldani, Graciela A	
STREET ADDRESS	6241 SW 138 CT		STREET ADDRESS	4254 S.W. 161 Place	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33185	
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		
<b>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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/23/06 Daytime Phone # _____		