2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M17067

1. Entity Name
BLUE BRIDGE CORP.

Principal Place of Business	Mailing Address
2600 SW 3RD AVE.	PO BOX 450804
SUITE 800	340 SEVILLA AVE.
MIAMI, FL 33129	MIAMI, FL 33245

DO NOT WRITE IN THIS SPACE

03152005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0192247		Not Applicable
5. Certificate of Status Desired		**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACEVEDO, RAFAEL A
2600 SW 3RD AVE.
SUITE 800
MIAMI, FL 33129

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	MARGHERI, ERNESTO OSCAR
STREET ADDRESS	3991 S.W. 128TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	IUBATTI, SERGIO
STREET ADDRESS	DRISDALE 5452, MUNRO
CITY-ST-ZIP	BUENOS AIRES, AR
TITLE	S
NAME	ACEVEDO, RAFAEL A
STREET ADDRESS	2600 SW THIRD AVE, SUITE 800
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	3/28/05
CITY-ST-ZIP	BBC # 1178
TITLE	$158.75
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Rafael Acevedo_   3-22-05   305-856-7586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #