

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90025 024 ***158.75

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1. Entity Name
BLUE BRIDGE CORP.



Principal Place of Business
2600 SW 3RD AVE.
SUITE 800
MIAMI, FL 33129

Mailing Address
PO BOX 450804
340 SEVILLA AVE.
MIAMI, FL 33245

60003447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0192247

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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 ☐ Delete
NAME MARGHERI, ERNESTO OSCAR
STREET ADDRESS 3991 S.W. 128TH AVENUE
CITY-ST-ZIP MIAMI, FL

TITLE PD ☐ Delete
NAME IUBATTI, SERGIO
STREET ADDRESS DRISDALE 5452, MUNRO
CITY-ST-ZIP BUENOS AIRES, AR

TITLE SH ☐ Delete
NAME ACEVEDO, RAFAEL A
STREET ADDRESS 2600 SW THIRD AVE, SUITE 800
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 A. Acevedo RAFAEL A. ACEVEDO

1-16-06 (305) 856-7586

Date

Daytime Phone #