

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M17067**

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**



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0192247**

Applied For

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARGHERI, ERNESTO OSCAR  
3991 S.W. 128TH AVENUE  
MIAMI, FL**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000604831  
01/30/07-80011-023 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-07**

Date

**305 856-7586**

Daytime Phone #