

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008004

FILED
May 12, 2006
Secretary of State

Entity Name: BLUE SHARKETTES, INC.

Current Principal Place of Business:

9155 S. DADELAND BLVD.
SUITE 1208
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9155 S. DADELAND BLVD.
SUITE 1208
MIAMI, FL 33156

New Mailing Address:

FEI Number: 30-0121881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JARAMILLO, JULIO C
9155 S. DADELAND BLVD.
SUITE 1208
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUBIO, GLORIA P
Address: 13335 SW 102 TERR.
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: DAIKYCEL, ALFONSO
Address: 13335 SW 102 TERR.
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: PATRICIA, MITAT
Address: 13335 SW 102 TERR.
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: TERESA, LUIS
Address: 13335 SW 102 TERR.
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA P. RUBIO

PD

05/12/2006

Electronic Signature of Signing Officer or Director

Date