

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90108 042 ***150.00

01/4031

DOCUMENT # P00000075996

1. Entity Name
BLUEHOUSE TECHNOLOGY, INC.

Principal Place of Business Mailing Address
6970 INDIAN CREEK DRIVE #4 **6970 INDIAN CREEK DRIVE #4**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Miami *6970 Indian Creek Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
6970 Indian Creek Dr. Apt #4 *Apt #4*
 City & State City & State
Miami Beach, FL *Miami Beach, FL*
 Zip Country Zip Country
33141 *U.S.A.* *33141* *U.S.A.*

4. FEI Number Applied For
65-1034457 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LI, GUIBIN
6970 INDIAN CREEK DRIVE #4
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
 Name *Guibin Li*
 Street Address (P.O. Box Number is Not Acceptable) *6970 Indian Creek Dr. Apt #4*
 City *Miami Beach* **FL** Zip Code *33141*

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.
 SIGNATURE *Guibin Li* DATE *4/10/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LI, GUIBIN	
STREET ADDRESS	6970 INDIAN CREEK DRIVE #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Guibin Li* DATE: *4/10/01* DAYTIME PHONE #: *305-867-4019*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)