2001	UNIFORM E	BUSINESS REPO	ORT (UBR	R) FILED
DOCUMENT # P0000098629  1. Entity Name FRESH BLUE CORP.				Jul 06, 2001 08:00 AM Secretary of State
Principal Plac		Mailing Address	<u></u> .	
MIAMI 33175	FL	MIAMI 33175	FL	
		3. Mailing Address 14671 S.W. 50 TERRACE	<u>.                                    </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State MIAMI - SPRI Zip		City & State MIAMI Zip	FL	4. FEI Number Applied For 65-1052848 Not Applicable
33175		33175	us us	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent  BUSINESS FILINGS INCORPORATED  1000 WEST AVENUE  NO. 1114  MIAMI BEACH  331390000  US				ddress (P.O. Box Number is Not Acceptable) W 50 TERRACE
·			MIAMI	FL Zip Code 33175
Tax filing r (See criter	DANNY ANDRA Signature, typed or printed name of regis pration is eligible to satisfy its livequirement and elects to do signature on back)	ntangible o. After MAY 1, 2 Make Check Paya	ble to Department	10. Election Campaign Financing \$5.00 May Be
11.		ERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE INGEBO 14671 S.W. 50 TERRACE MIAMI	Delete FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR ANDRADE DANNY VOWNER  14671 S.W. 50 TERRACE MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the cor	or the receiver or trus or on an attachment with an a	report is true and accurate and that the empowered to execute this report address, with all other like empowered RADE	my signature shall ha t as required by Chap d.	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information lave the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if  CEO 07/06/2001
		TYPED OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date Daytime Phone #

Daytime Phone #

Date