2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State
01-18-2006 90025 021 ***150.00

DOCUMENT # P01000030533

1. Entity Name
BLUE DOOR PROPERTIES, INC.

Principal Place of Business	Mailing Address
1160 KANE CONCOURSE #201 BAY HABOR ISLANDS, FL 33154	1160 KANE CONCOURSE #201 BAY HABOR ISLANDS, FL 33154

01072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	660 Golden Beach Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Golden Beach, Fl
Zip / Country	Zip: 33160 / Country: U.S.A.

4. FEI Number: 65-1099732 ☐ Applied For ☐ Not Applicable

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
ESKENAZI, LYDIA 660 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160	Name: Same 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	☐ Delete
NAME	MILLER, FRANK	
STREET ADDRESS	1160 KANE CONCOURSE #201	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	DVS	☐ Delete
NAME	MILLER, FRANK	
STREET ADDRESS	1160 KANE CONCOURSE #201	
CITY-ST-ZIP	BAY HABOR ISLANDS, FL 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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		

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: LYDIA ESKENAZI Secretary 1/6/06 (305) 865-9811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #