

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000030533

1. Entity Name
BLUE DOOR PROPERTIES, INC.



Principal Place of Business
**1160 KANE CONCOURSE #201
BAY HARBOR ISLANDS, FL 33154**

Mailing Address
**660 GOLDEN BEACH DR
NORTH MIAMI BEACH, FL 33160**



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**ESKENAZI, LYDIA
660 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$250.00**

Financing

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MILLER, FRANK
1160 KANE CONCOURSE #201
BAY HARBOR ISLAND, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
MILLER, FRANK
1160 KANE CONCOURSE #201
BAY HARBOR ISLANDS, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

U00000869551
04/09/08-80054-007 150.00

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/08

(305) 865-9811