


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000039368					
1. Entity Name BLUE BAY SUPPLIES CORPORATION					
Principal Place of Business 1356 BIARRITZ DRIVE MIAMI BEACH FL 33141			Mailing Address PO BOX 310416 MIAMI FL 33231-0416		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1105824	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, GLADYS 1356 BIARRITZ DRIVE MIAMI BEACH FL 33141				7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when re-stating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D		Delete		
NAME	RODRIGUEZ, GLADYS				
STREET ADDRESS	1356 BIARRITZ DRIVE				
CITY-ST-ZIP	MIAMI BEACH FL 33141				
TITLE	D		Delete		
NAME	RODRIGUEZ, ROBERT R				
STREET ADDRESS	1356 BIARRITZ				
CITY-ST-ZIP	MIAMI BEACH FL 33141				
TITLE			Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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CITY-ST-ZIP					



1st MOORE CR2E034 (10/05)

4. FEI Number **65-1105824**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Add
000000431510
02/23/06-80031-020 150.00
☐ Change ☐ Add
☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roberto R. Rodriguez M.* 02-09-06 3058667750