

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 013 ***150.00

DOCUMENT # P01000050923

1. Entity Name

Blue & Gold Net, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1865 79 St. Cswy.

Suite, Apt. #, etc.

Suite # 7 B

City & State

North Bay Village, FL

Zip
33141

Country

U.S.A.

3. Mailing Address

1865 79 St. Cswy

Suite, Apt. #, etc.

Suite # 7 B

City & State

North Bay Village, FL

Zip
33141

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1106348

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marcelo Tripaldi

Street Address (P.O. Box Number is Not Acceptable)

1865 79 St. Cswy. # 7 B

City

North Bay Village 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DIRECTOR
NAME	MARCELO TRIPALDI
STREET ADDRESS	1865 79 ST. CSWY # 7 B
CITY - ST - ZIP	NORTH BAY VILLAGE, FL 33141

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

Date

Daytime Phone #

CR2E034E (12/01)