


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90075 018 \*\*\*150.00

**DOCUMENT # P01000052037**

1. Entity Name  
**BLUE STAR GROUP USA, INC.**



Principal Place of Business <b>18851 NE 29TH AVE          900          AVENTURA, FL 33180</b>	Mailing Address <b>18851 NE 29TH AVE          900          AVENTURA, FL 33180</b>
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**24026683**



03162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

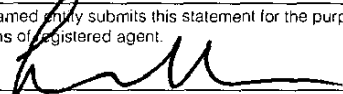
4. FEI Number <b>63-1109386</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ  
 18851 NE 29TH AVE  
 900  
 AVENTURA, FL 33180**

**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  **LEONARDO A. ROTH, ESQ** DATE **3/18/04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALMACEDA, GUSTAVO 18851 NE 29TH AVE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GALATRO, FERNANDO 18851 NE 29TH AVE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/16/04** DAYTIME PHONE # **305.577.1717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GUSTAVO BALMACEDA**  
**DIRECTOR**