2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CRUZ, NANCY NAME NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CRUZ, NANCY NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CRUZ, NANCY NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CRUZ, NANCY NAME SIREET ADDRESS CITY-ST-ZIP CRUZ, NAME SIREET ADDRESS CITY-ST-ZIP	DOCUI 1. Entity Nam BLUEONI		1834		01-24-200	08 90029 004 ***150	.00
TAMPA, FL 33607 I AMPA, FL 33	Principal Plac	e of Business	Mailing Address			· •	
Suite. April 4, occ.							
Suite, Apt. #, etc.			3. Mailing Address	- \(\text{O} \)			
Towns				508	01152008 Chg-P	CR2E034 (12/06)	
Signal Approach Country 2336/77 Country 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent ALFONSO, DESIREE 4011 NORTH B STREET #230 TAMPA, FL 33609 #250 8. The above name entity submy to this preferent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Florida. I am familiar with, and active floridation of registered agent, or both, in the State of Floridation o		. 1	1 7 22		l l	<u> </u>	<u> </u>
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B. The above named entity submyts this subment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature		L 33609		111	W. Fortune	St	
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SIGNATURE Signature Signature Manage of provised name of registered agent segnature recurred when rendatively DATE	8. The above	named entity submits this statement to	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of	of Florida. I am familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS		ions or registered igent. Ff					
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE CRUZ, CARLOS Delete ITILE NAME STREET TAMPA, FL 33607 CITY-ST-2P ITILE CRUZ, NANCY Delete ITILE NAME CITY-ST-2P ITILE CRUZ, NANCY Delete ITILE NAME CITY-ST-2P ITILE CRUZ, NANCY Delete ITILE NAME CITY-ST-2P ITILE NAME STREET ADDRESS CITY-ST-2P ITILE Delete ITILE NAME STREET CITY-ST-2P ITILE NAME STREET ADDRESS CITY-ST-2P	SIGNATURE	Signature, typed or printed name of registered age	and title if applicable. (NOTE	E: Registered Agent signature requ	uired when reinstating)	DATE	
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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 supplimental report is you and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or direct							
12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Profus statistics: I turner certify that the information supplied that it is to be an accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	12. I hereby indicated of the column changed	on this report or supplemental report in poration or the receiver of trustee empty, or on an attachment with an address.	is true and accurate and that reversed to execute this report with all other like empowered.	or the exemptions contain ny signature shall have t as required by Chapter	ined in Chapter 119, Florida Statut the same legal effect as if made un 607, Florida Statutes; and that my	es. I further certify that the ii der oath; that I am an officer name appears in Block 10 o	nformation or director r Block 11 if