

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097561 1. Entity Name BLUE MONSTER NETWORK, INC.			
Principal Place of Business 950 JOHNSON ST HOLLYWOOD, FL 33019		Mailing Address 950 JOHNSON ST HOLLYWOOD, FL 33019	
2. Principal Place of Business 1055 PARKSIDE CIR N.		3. Mailing Address 1055 PARKSIDE CIR N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33486		Zip 33486	
Country USA		Country USA	
4. FEI Number 65-1153769		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUBRIN, SCOTT A 950 JOHNSON STREET HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: SCOTT A. KUBRIN PRES. 8/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KUBRIN, SCOTT A 950 JOHNSON STREET HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUBRIN, MINDY L 950 JOHNSON STREET HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900059748539 09/19/05--01058--010 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SCOTT A. KUBRIN 8/31/05 305-725-4646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FILED
05 SEP 19 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092005 Chg-P CR2E034 (10/03)