

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
-Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000107557 1. Entity Name DEEP BLUE REAL ESTATE, INC.	
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Principal Place of Business 120 E OAKLAND PARK BLVD STE 105-323 FORT LAUDERDALE, FL 33334	Mailing Address P.O. BOX 222006 HOLLYWOOD, FL 33022
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3417150	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'MEARA, SHANNON FOUR HARVARD CIRCLE SUITE 600 WEST PALM BEACH, FL 33309
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**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000124532 04/22/04-80048-014 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, LAURIE P.O. BOX 222006 HOLLYWOOD, FL 33022
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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:  **LAURIE KING** **4-15-04** **954-362-8104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #