2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114392

DILLE OF A LAND INC

Address:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

| Entity Nar | me: BLUE SI | EA LANL |), INC. | | | |
|---|-----------------------------|--------------------|--|---|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| #703 | ER SIDE DR. D BEACH, FL | 33062 | US | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| #703 | ER SIDE DR. D BEACH, FL | 33062 | US | | | |
| | : 65-1156806 | | ımber Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address | Name and Address of New Registered Agent: | |
| RAMOS, N 8255 SW 1 MIAMI, FL | 141 ST | | | RAMOS, MARIA A 8255 SW 141 ST MIAMI, FL 33158 | US | |
| | named entity of Florida. | submits | this statement for the p | ourpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUR | RE: MARIA | RAMOS | 3 | | 04/29/2004 | |
| | Electro | nic Signa | ature of Registered Age | ent | Date | |
| Election Car | mpaign Financii | ng Trust F | und Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | KOWALSKY, | AUGUSTO I | DALCOQUIO, 2020 RAZIL, | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MEDEIROS K | AUGUSTO I | , ELACDIDAGRACA DALCOQUIO, 2020 RAZIL, | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | KOWALSKY, | AUGUSTO I | DALCOQUIO, 2020 RAZIL, | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D (KOWALSKY, |) Delete DIHEGO | | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: EVAALDO KOWALSKY **PRES** 04/29/2004

RUA CESAR AUGUSTO DALCOQUIO, 2020

88331-510 ITAJAI-SC-BRAZIL,