

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117045

FILED  
Feb 24, 2004  
Secretary of State

Entity Name: BLUECHIP TECHNOLOGIES CORP.

## Current Principal Place of Business:

19620 PINES BLVD.  
SUITE 114  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

5040 SW 96 AVE  
MIAMI, FL 33165

## Current Mailing Address:

19620 PINES BLVD.  
SUITE 114  
PEMBROKE PINES, FL 33029

## New Mailing Address:

8567 CORAL WAY  
366  
MIAMI, FL 33155

FEI Number: 65-1159873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANEVE, RON  
19620 PINES BLVD.  
SUITE 114  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

SPIEGEL & UTRERA, PA  
1840 SW 22 ST  
4TH FLOOR  
MIAMI, FL 33145

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.

SIGNATURE: NATALIA UTRERA

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LANEVE, RON  
Address: 19620 PINES BLVD, STE. 114  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD ( ) Delete  
Name: RODRIGUEZ, JOEL  
Address: 19620 PINES BLVD., STE 114  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TSD (X) Delete  
Name: LANEVE, MICHELLE  
Address: 19620 PINES BLVD, STE. 114  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RODRIGUEZ, JOEL  
Address: 5040 SW 96 AVE  
City-St-Zip: MIAMI, FL 33165

Title: VD (X) Change ( ) Addition  
Name: RODRIGUEZ, AILEEN  
Address: 5040 SW 96 AVE  
City-St-Zip: MIAMI, FL 33165

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOEL RODRIGUEZ

PD

02/24/2004

Electronic Signature of Signing Officer or Director

Date