04/22/2005 16:54 WILLIAM ALBORNOZ

FILED
Apr 30, 2005 08
Secretary of S

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000013712

1. Entity Name
BLUERAY CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 901 PONCE DE LEON BLVD.<br>SUITE 603<br>CORAL GABLES, FL 33134 | 901 PONCE DE LEON BLVD.<br>SUITE 603<br>CORAL GABLES, FL 33134 |

DO NOT WRITE IN THIS SPACE

03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0391628
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | DE LA MADRID, MIGUEL |
| STREET ADDRESS | 901 PONCE DE LEON BLVD , SUITE 603 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 of her like empowered.

SIGNATURE: Miguel de la Madrid April 25 2005 (305) 444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #