2004 FOR PROFIT CORPORATION

Apr 12, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000022100** 04-12-2004 90334 031 ***150.00 BLUEFACE DEVELOPMENT INC. Principal Place of Business Mailing Address 14210 NW 88TH PLACE 14210 NW 88TH PLACE 14001470 HIALEAH, FL 33018 HIALEAH, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 01-0616202 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARRERO, HECTOR Street Address (P.O. Box Number is Not Acceptable) 14210 NW 88TH PLACE MIAMI, FL 33018 Zip Code City 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition THUE TITLE Delete BESU, ROGER NAME NAME STREET ADDRESS 1925 BRICKELL AVENUE SUITE D206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33129 ☐ Change ★ Addition ☐ Delete TITLE TITLE PRESIDENT NAME MANUEL GONZALEZ STREET ADDRESS STREET ADDRESS 9173 N.W. 147 TERRACE MIAMI LAKES, FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME GUILLERMO. GONZALEZ 9173 N.W. 147 TERRACE MIAMI LAKES, FL-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete SECRETARY NAME NAME STREET ADDRESS HECTOR MARRERO STREET ADDRESS CITY-ST-ZIP 14210 N.W. 88 PLACE MIAMI, FL 33018 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE

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 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 an other like empowered. changed, or on an attachment with an address,

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GONZALEZAPRIL 2004

FILED