

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90249 001 ***600.00

DOCUMENT # P02000024469

1. Entity Name
BLUE ROCK SOLUTIONS, INC.



Principal Place of Business
**3038 NORTH FEDERAL HWY.
SUITE D-200
FORT LAUDERDALE, FL 33306 US**

Mailing Address
**3038 NORTH FEDERAL HWY.
SUITE D-200
FORT LAUDERDALE, FL 33306 US**

66002721



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3612776

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRIEDBERG, SHELDON
3038 NORTH FEDERAL HWY.
SUITE D-200
FORT LAUDERDALE, FL 33306**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
PISONI, MATTHEW C
3038 N. FEDERAL HIGHWAY SUITE D-200
FORT LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
FRIEDBERG, SHELDON
3038 N. FEDERAL HIGHWAY SUITE D-200
FORT LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW PISONI

1/21/2005
Date

954-620-0444
Daytime Phone #