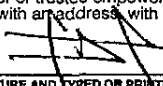
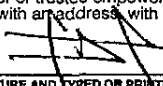
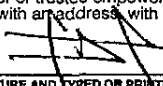


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000098156																																											
1. Entity Name BLUE SCHOOL RIDE, INC.																																											
Principal Place of Business 7510 S.W. 158 CT. MIAMI, FL 33193	Mailing Address 7510 S.W. 158 CT. MIAMI, FL 33193	 04212004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 51-0433732</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 51-0433732	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																						
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DO NOT WRITE IN THIS SPACE																																											
6. Name and Address of Current Registered Agent SANCHEZ, MARIA S 7510 S.W. 158 CT. MIAMI, FL 33193		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">PSD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">SANCHEZ, FRANCISCO</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">7510 S.W. 158 CT.</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">MIAMI, FL 33193</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>			TITLE	PSD	NAME	SANCHEZ, FRANCISCO	STREET ADDRESS	7510 S.W. 158 CT.	CITY-ST-ZIP	MIAMI, FL 33193	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		000000132153 04/27/04-80035-013 150.00 DO NOT WRITE IN THIS SPACE
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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 other like empowered. <table style="width: 100%;"><tr><td style="width: 30%;">SIGNATURE: </td><td style="width: 30%; text-align: center;">04/23/04</td><td style="width: 40%; text-align: right;">305 3856395</td></tr><tr><td style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</td><td style="text-align: center;">Date</td><td style="text-align: center;">Daytime Phone #</td></tr></table>			SIGNATURE: 	04/23/04	305 3856395	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #																																			
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