## 2004 FOR PROFIT CORPORATION

changed, or on an attachment with an

SIGNATURE AND

TYPED OR PRINTED NAME OF SIG

ING OFFICER OR DIRECTO

SIGNATURE:

## Apr 12, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000130451** 04-12-2004 90310 002 \*\*\*150.00 1. Entity Name BLUÉ AVONLEA, INC. **りまりまりに まり** Principal Place of Business Mailing Address 3440 HOLLYWOOD BLVD., STE. 360. 3440-HOLLYWOOD-BLVD., STE. 360 HOLLYWOOD, FL-33021-HOLLYWOOD, FL-33021-Principal Place of Business & SSI NE 29 L 3. Mailing Address 2919 8851 NE uite, Apt. #, etc. Suite, Apt. #, etc. 900 01082004 Chg-P CR2E034 (10/03) <u>9</u> City & State City & State Applied For 4. FEI Number AVENTURA asiuturau 75-3094937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired <u>პ</u>გ/გე Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD -- STE-360 HOLLYWOOD, FL-33021 City 8. The above named entisubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar . the obligations of reg SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete PTD TITLE ☐ Change ☐ Addition TITI F ESRUBILSKY, RICARDO NAME ESEUBILSKY, KICARDO NAME 3440 HOLLYWOOD BLVD:, STE: 360 STREET ADDRESS STREET ADDRESS 188 SI NE CITY-\$T-ZIP HOLLYWOOD, FL 33021-CITY-ST-ZIP VSD ☐ Change ☐ Addition TITLE Delete TITLE ATZITTAG BATTISTA, ALBERTO NAME NAME 3440 HOLLYWOOD BLVD., STE, 360 STREET ADDRESS STREET ADDRESS 18821 NE CITY-ST-ZIP -HOLLYWOOD, FL 33021 CITY-ST-ZIP ☐ Delete TITLE ☐ Change — ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE П Свалое ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true elempowered 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 labdless, with all other like empowered.

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