

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90016 022 ***155.00

DOCUMENT # P03000004524 1. Entity Name BLUE PROMOTIONS, INC.			
Principal Place of Business EAST POINT TOWERS 1160 NO. FEDERAL HWY APT 223 FORT LAUDERDALE, FL 33304		Mailing Address EAST POINT TOWERS 1160 NO. FEDERAL HWY APT 223 FORT LAUDERDALE, FL 33304	
2. Principal Place of Business 341 NW 36th St Suite, Apt. #, etc.		3. Mailing Address PoBox 100787 Suite, Apt. #, etc.	
City & State Oakland Park, FL		City & State Fort Lauderdale, FL	
Zip 33309		Country U.S.A	
Zip 33310-0787		Country U.S.A	
4. FEI Number 56-2315842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent THOMPSON, RICHARD E EAST POINT TOWERS 1160 NO. FEDERAL HWY APT 223 FORT LAUDERDALE, FL 33304	
7. Name and Address of New Registered Agent Name Terry D. Echols Street Address (P.O. Box Number is Not Acceptable) 3661 NE 1st AVE City Oakland Park FL Zip Code 33334		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 T.D. Echols DATE 8/5/04 <small>Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retelling)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP JEFFERSON, LEE S 2750 NE 8TH AVENUE FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP JEFFERSON, LEE S 341 NW 36th St Oakland Park FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: T.S. Jefferson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/5/04 (954) 465-9243 <small>Daytime Phone #</small>	