
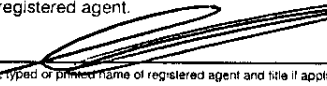
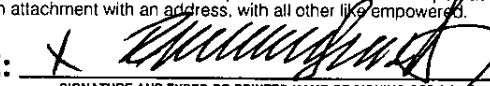


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90033 040 \*\*\*158.75

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<b>DOCUMENT # P03000005998</b> 1. Entity Name <b>BLUESEA INTERNATIONAL GROUP INC.</b>					
Principal Place of Business <b>312 MINORCA AVE. CORAL GABLE, FL 33134</b>		Mailing Address <b>2730 SW 17 AVE. MIAMI, FL 33133</b>			
2. Principal Place of Business <b>780 NW 42 Ave</b> Suite, Apt. #, etc. <b>#516</b> City & State <b>Miami FL</b> Zip <b>33126</b>		3. Mailing Address <b>780 NW 42 Ave</b> Suite, Apt. #, etc. <b>516</b> City & State <b>Miami FL</b> Zip <b>33126</b>		03232004 Chg-P CR2E034 (10/03) 4. FEI Number <b>42-1570916</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>VAZQUEZ, ROBERTO E 312 MINORCA AVE. CORAL GABLES, FL 33134</b>	
7. Name and Address of New Registered Agent Name <b>Aurelio A Piedra</b> Street Address (P.O. Box Number is Not Acceptable) <b>780 NW 42 Ave # 516</b> City <b>Miami</b> FL Zip Code <b>33126</b>				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  <b>Aurelio A. Piedra</b> DATE <b>3-23-04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CORONADO EVISTILLOS</b> <b>3740 CORAL TREE CIRCLE</b> <b>COCONUT CREEK FL 33073</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <b>ROBERTO VAZQUEZ</b> <b>2730 SW 17 AVE.</b> <b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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:  <b>ROBERTO VAZQUEZ</b> DATE <b>3-23-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					