


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90012 047 \*\*\*150.00

<b>DOCUMENT # P03000046242</b> 1. Entity Name <b>BLUE MAR TEC INC</b>					
Principal Place of Business <b>2925 PIERCE ST SUITE 7 HOLLYWOOD FL 33020 US</b>			Mailing Address <b>2925 PIERCE ST SUITE 7 HOLLYWOOD FL 33020 US</b>		
2. Principal Place of Business <b>5801 N.W 57 CT</b> Suite, Apt. #, etc. <b># K 210</b> City & State <b>TAMARAC</b> Zip <b>33319</b> Country <b>FL</b>		3. Mailing Address <b>5801 N.W 57 CT</b> Suite, Apt. #, etc. <b>K 210</b> City & State <b>TAMARAC</b> Zip <b>33319</b> Country <b>FL</b>			
4. FEI Number <b>38-3679401</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>EVELYN BENGOCHEA</b>  <b>5801 NW 57TH CT K 210</b>  <b>TAMARAC FL 33319</b> </div>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENGOCHEA, EVELYN <del>2925 PIERCE ST</del> <b>5801 NW 57 CT # K 210</b> <del>HOLLYWOOD FL 33020</del> <b>TAMARAC, FL 33319</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: <i>Evelyn Bengoechea</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02/06/04 754 581 5968 <small>Date Daytime Phone #</small>		