2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000067204** 1. Entity Name 03-03-2004 90026 046 ***150.00 BLUE CLOISTERS, INC. Principal Place of Business Mailing Address 2665 S. BAYSHORE DRIVE 2665 S. BAYSHORE DRIVE **SUITE 1100 SUITE 1100** MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address 5960 SW <u>5960 SW 57</u> Suite, Apt. #, etc. Suite, Apt. #, etc 02192004 CR2E034 (10/03) City & State Applied For City & State 75688 MiAHi Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired DADE DADE <u> 33143</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROKAS, INGRID Street Address (P.O. Box Number is Not Acceptable 5960 5W 57 A 2665 S. BAYSHORE DRIVE **SUITE 1100** MIAMI, FL 33133 Zip Code 33143 FL ATTI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete Addition TITLE EVELYM RODRIGUEZ ROJAS, INGRID NAME NAME 2665 S. BAYSHORE DRIVE SUITE 1100 5960 SW 57 AVE STREET ADDRESS STREET ADDRESS CAY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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: ENERGY PODRIGUEZ DID SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

DIRECTOR

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