

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90015 009 ***150.00

DOCUMENT # P03000079993 1. Entity Name BLUE OCEAN DESIGNS INC.					
Principal Place of Business 2070 NW 139 RD OPA LOCKA, FL 33054 US OK			Mailing Address 1820 KEYSTONE BLVD. N. MIAMI, FL 33181 US <i>change</i>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address <i>2070 NW 139 ST.</i> <i>OPA-LOCKA, FL</i> <i>33054</i> City & State Zip		40026118 	
Country		Country		02212007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-1198741				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GARCIA, ELIZABETH 1820 KEYSTONE BLVD. N. MIAMI, FL 33181	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2070 NW 139 ST.</i> <i>OPA-LOCKA, FL 33054</i> City FL 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 <i>E. Garcia</i> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		(NOTE: Registered Agent signature required when reinstating)	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ELIZABETH 1820 KEYSTONE BLVD. N. MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, ELIZABETH 2070 NW 139 ST. OPA-LOCKA, FL 33054	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, ROBERTO 1820 KEYSTONE BLVD. N. MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, ROBERTO 2070 NW 139 ST. OPA-LOCKA, FL 33054	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>E. Garcia</i>			12/21/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		