


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000086564 1. Entity Name BLUE JACKET MARINE INC	
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Principal Place of Business 3795 NW SOUTH RIVER DR. MIAMI, FL 33142	Mailing Address 3795 NW SOUTH RIVER DR. MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0124281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent ZAMBRANA, JAY J 1717 N. BAYSHORE DR., NO. 3537 MIAMI, FL 33132
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAMBRANA, JAY J 1717 N. BAYSHORE DR., NO. 1053 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO LOPEZ, JUAN 3795 NW SOUTH RIVER DR. MIAMI, FL 33142
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05/16/06-80036-004 150.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	VD	4/28/06	305624732 <small>Daytime Phone #</small>
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