


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90270 010 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P03000100090</b><br>1. Entity Name<br><b>BLUE STAR CHOPPERS INC</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>4889 NW 53RD CIRCLE<br/>COCONUT CREEK, FL 33073 US</b>  |  |   | Mailing Address<br><b>4889 NW 53RD CIRCLE<br/>COCONUT CREEK, FL 33073 US</b>  |   |  |
| 2. Principal Place of Business<br><b>2182 NW 18 AVE.</b>  |  | 3. Mailing Address<br>  |   |   |  |
| Suite, Apt. #, etc.<br><b>BAY #5</b>  |  | Suite, Apt. #, etc.<br>   |   |   |  |
| City & State<br><b>POMPANO BEACH, FL</b>  |  | City & State<br>  |   |   |  |
| Zip<br><b>33069</b>   |  | Country<br><b>US</b>  |   | 4. FEI Number<br><b>APPLIED FOR 20-0951778</b>                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>LEGALZOOM NEVADA INC<br/>44 W. FLAGLER ST.<br/>SUITE 675<br/>MIAMI, FL 33130</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>KELLEY, PATRICK</b><br><b>4889 NW 53RD CIRCLE</b><br><b>COCONUT CREEK, FL 33073</b> | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br><b>KELLEY, PAMELA</b><br><b>4889 NW 53RD CIRCLE</b><br><b>COCONUT CREEK, FL 33073</b>  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| 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: <u><i>Patricia Kelley</i></u> <u><i>April 23, 2005 754-224-8627</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>  |  |   |   |   |  |