


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-16-2005 90003 001 *2,322.50

DOCUMENT # P04000001456	
1. Entity Name BLUESIDE SERVICES INC.	

Principal Place of Business 3901 NW 145 STREET MIAMI FL 33054 US	Mailing Address 3901 NW 145 STREET MIAMI FL 33054 US
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2. Principal Place of Business	3. Mailing Address PO Box 661438
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami FL
Zip	Zip 33266
Country	Country US



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent O'NEAL, STEPHEN 3901 NW 145 STREET MIAMI FL 33054	
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4. FEI Number 20-0501936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEAL, STEPHEN PO BOX 661438 MIAMI FL 33266-1438 <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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **6-13-05** 305-769-1467 Daytime Phone #