2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 AUG 19 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTED AUG 19 2005

DOCUMENT # P04000014957

1. Entity Name
BLUE UNICORN INVESTMENT INC.

Principal Place of Business	Mailing Address
3264 VIRGINIA ST MIAMI, FL 33133	3264 VIRGINIA ST MIAMI, FL 33133

08172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
300 South Pointe Dr.	300 South Pointe Dr
Suite, Apt. #, etc. apt 2405	Suite, Apt. #, etc. apt 2405
City & State Miami Florida	City & State Miami Florida
Zip 33139 Country U.S.A.	Zip 33139 Country U.S.A.

4. FEI Number 80-0093705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREIFFENSTEIN, LORNA 3264 VIRGINIA ST MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREIFFENSTEIN, LORNA 3264 VIRGINIA ST MIAMI, FL 33133	☒ Delete	Pres Harry Davidson 300 SOUTH POINTE DR #2405 Miami Florida 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GONZALEZ, TAMARA 445 NE 195 ST MIAMI, FL 33179	☒ Delete	S LORNA GREIFFENSTEIN 300 SOUTH POINTE DR #2405 Miami Florida 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	08/23/05--01058--001 **150.00 200058899502 08/23/05--01058--001 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ August 17 2005 3052063276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #