

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90186 030 ***150.00

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03092005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000016062 1. Entity Name BIG BLUE PROPERTY CORP.					
Principal Place of Business 2875 N.E. 191 STREET 801 AVENTURA, FL 33180			Mailing Address 2875 N.E. 191 STREET 801 AVENTURA, FL 33180		
2. Principal Place of Business 7809 W COMMERCIAL AVE Suite, Apt. #, etc.		3. Mailing Address 5944 CORAL RIDGE DRIVE Suite, Apt. #, etc. 205			
City & State TAMPA, FLORIDA		City & State CORAL SPRINGS, FLORIDA		4. FEI Number 20-2524452	
Zip 33351		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33076		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ. SERBER & ASSOCIATES, P.A. 2875 N.E. 19TH STREET, SUITE 801 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name JUAN P. ABADIE Street Address (P.O. Box Number is Not Acceptable) 5944 CORAL RIDGE DRIVE # 205 City Coral Springs FL Zip Code 33076	
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 <u><i>[Signature]</i></u> JUAN P. ABADIE 4-22-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARREIRA, RUBEN 2875 N.E. 191 STREET 801 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNOZ, FERMIN E 2875 N.E. 191 STREET 801 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>[Signature]</i></u> BARREIRA, RUBEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-22-2005 954726 8866 <small>Date Daytime Phone #</small>		