

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064718

**FILED**  
**Apr 21, 2005**  
**Secretary of State**

**Entity Name:** BLUE CHARTER NETWORK, INC.

**Current Principal Place of Business:**

1756 NORTH BAYSHORE DRIVE, SUITE 28E  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

1756 NORTH BAYSHORE DRIVE, SUITE 28E  
MIAMI, FL 33132 US

**New Mailing Address:**

**FEI Number:** 20-1018397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIORINI, SEBASTIANO  
1756 NORTH BAYSHORE DRIVE, SUITE 28E  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D,P ( ) Delete  
Name: FIORINI, SEBASTIANO  
Address: 1756 NORTH BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33132 US

Title: T,S ( ) Delete  
Name: FIORINI, SEBASTIANO  
Address: 1756 NORTH BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33132 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D,P (X) Change ( ) Addition  
Name: FIORINI, SEBASTIANO  
Address: 1756 NORTH BAYSHORE DRIVE, APT.28E  
City-St-Zip: MIAMI, FL 33132 US

Title: T,S (X) Change ( ) Addition  
Name: FIORINI, SEBASTIANO  
Address: 1756 NORTH BAYSHORE DRIVE, APT. 28E  
City-St-Zip: MIAMI, FL 33132 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEBASTIANO FIORINI

P

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date