

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90143 018 ***150.00

DOCUMENT # P04000064718

1. Entity Name
BLUE CHARTER NETWORK, INC.



Principal Place of Business Mailing Address
1756 NORTH BAYSHORE DRIVE, SUITE 28E **1756 NORTH BAYSHORE DRIVE, SUITE 28E**
MIAMI, FL 33132 US **MIAMI, FL 33132 US**

50003514

2. Principal Place of Business 3. Mailing Address
2000 NORTH BAYSHORE DRIVE **2000 NORTH BAYSHORE DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 801 **SUITE 801**
City & State City & State
MIAMI FL **MIAMI FL**
Zip Country Zip Country
33137 DADE **33137 DADE**

03142006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1018397 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **FIORINI SEBASTIANO**
Street Address (P.O. Box Number is Not Acceptable)
2000 NORTH BAYSHORE DRIVE SUITE 801
City **MIAMI** **FL** Zip Code **33137**

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 *Sebastiano Fiorini* **SEBASTIANO FIORINI, PRESIDENT** **3-14-2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D,P	<input type="checkbox"/> Delete
NAME	FIORINI, SEBASTIANO	
STREET ADDRESS	1756 NORTH BAYSHORE DRIVE, APT.28E	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	T,S	<input type="checkbox"/> Delete
NAME	FIORINI, SEBASTIANO	
STREET ADDRESS	1756 NORTH BAYSHORE DRIVE, APT. 28E	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sebastiano Fiorini* **SEBASTIANO FIORINI, PRESIDENT** **3-14-2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #