


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90119 008 ***150.00

DOCUMENT # P04000111669 1. Entity Name BLUE BOX GROUP, CORP.					
Principal Place of Business 21395 MARINA COVE CIR. L-16 AVENTURA, FL 33180			Mailing Address 21395 MARINA COVE CIR. L-16 AVENTURA, FL 33180		
2. Principal Place of Business 21395 MARINA COVE Circle		3. Mailing Address 			
Suite, Apt. #, etc. L16		Suite, Apt. #, etc. 			
City & State Aventura, FL		City & State 			
Zip 33180		Country U.S.A		4. FEI Number 20-1427101	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUZMAN, MARIO I 9130 DADELAND BLVD SUITE 1504 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name SUSANA GROISMAM Street Address (P.O. Box Number is Not Acceptable) 21395 MARINA COVE Circle #L16 City Aventura FL Zip Code 33180		
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>Susana Groismam</i></u> DATE <u>04/29/05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PSD GROISMAM, SUSANA 21395 MARINA COVE CIR., L-16 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	 	<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>Susana Groismam</i></u>			DATE: <u>04/29/2005</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		