

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111669

Entity Name: BLUE BOX GROUP, CORP.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

21395 MARINA COVE CIRCLE
L16
AVENTURA, FL 33180

New Principal Place of Business:

555 NE 15TH ST 7TH FLOOR SUITE
7714
MIAMI, FL 33132

Current Mailing Address:

21395 MARINA COVE CIRCLE
L16
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-1427101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHWARZ, MATIAS
21395 MARINA COVE CIRCLE
L16
MIAMI, FL 33180 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: PSD () Delete
Name: SCHWARZ, MATIAS
Address: 21395 MARINA COVE CIRCLE # L-16
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SCHWARZ, MATIAS
Address: 555 NE 15TH ST 7TH FLOOR SUITE 7714
City-St-Zip: MIAMI, FL 33132

Title: PSD () Change (X) Addition
Name: GRULLON, BLADEMIL
Address: 555 NE 15TH ST 7TH FLOOR SUITE 7714
City-St-Zip: MIAMI, FL 33132

Title: PSD () Change (X) Addition
Name: CHLADEK, JAMES
Address: 555 NE 15TH ST 7TH FLOOR SUITE 7714
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MATIAS SCHWARZ

PSD

04/30/2008

Electronic Signature of Signing Officer or Director

Date