

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000111669

Entity Name: BLUE BOX GROUP, CORP.

**FILED**  
**Jul 23, 2008**  
**Secretary of State****Current Principal Place of Business:**555 NE 15TH ST 7TH FLOOR SUITE  
7714  
MIAMI, FL 33132**New Principal Place of Business:**2780 NE 183RD ST  
715  
AVENTURA, FL 33160**Current Mailing Address:**21395 MARINA COVE CIRCLE  
L16  
AVENTURA, FL 33180**New Mailing Address:**2780 NE 183RD ST  
715  
AVENTURA, FL 33160

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:**SCHWARZ, MATIAS  
21395 MARINA COVE CIRCLE  
L16  
AVENTURA, FL 33180 US

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:

07/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PSD ( ) Delete  
Name: SCHWARZ, MATIAS  
Address: 555 NE 15TH ST 7TH FLOOR SUITE 7714  
City-St-Zip: MIAMI, FL 33132Title: PSD (X) Delete  
Name: GRULLON, BLADEMIL  
Address: 555 NE 15TH ST 7TH FLOOR SUITE 7714  
City-St-Zip: MIAMI, FL 33132Title: PSD (X) Delete  
Name: CHLADEK, JAMES  
Address: 555 NE 15TH ST 7TH FLOOR SUITE 7714  
City-St-Zip: MIAMI, FL 33132**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PSD (X) Change ( ) Addition  
Name: SCHWARZ, MATIAS  
Address: 21395 MARINA COVE CIRCLE L16  
City-St-Zip: AVENTURA, FL 33180Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

07/23/2008

Electronic Signature of Signing Officer or Director

Date