

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90137 050 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         |                                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P04000125486</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                 |                                                                         |  |                                   |
| 1. Entity Name<br><b>BLUE DEVELOPMENT CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         |                                                                                   |                                   |
| Principal Place of Business<br><b>18940 NE 22ND AVE<br/>N MIAMI BEACH, FL 33180</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                 | Mailing Address<br><b>18940 NE 22ND AVE<br/>N MIAMI BEACH, FL 33180</b> |                                                                                   |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                 | 3. Mailing Address                                                      |                                                                                   |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                 | Suite, Apt. #, etc.                                                     |                                                                                   |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                 | City & State                                                            |                                                                                   |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | Country                         |                                                                         | Zip                                                                               |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         |                                                                                   |                                   |
| 6. Name and Address of Current Registered Agent<br><b>MASRI, RAFAEL<br/>18940 NE 22ND AVE<br/>N MIAMI BEACH, FL 33180</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                 |                                                                         | 7. Name and Address of New Registered Agent                                       |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         | Name                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         | Street Address (P.O. Box Number's Not Acceptable)                                 |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         |                                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         | City                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         | <b>FL</b> Zip Code                                                                |                                   |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                                                                         |                                                                                   |                                   |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>Due by September 7, 2005</b> </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00</b> May Be<br/>           Added to Fees         </div> <div>           In accordance with s. 607.193(2)(b), F.S., the<br/>           corporation did not receive the prior notice.         </div> </div>                                                                                                                                               |                                |                                 |                                                                         |                                                                                   |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 11                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b>                       | <input type="checkbox"/> Delete | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MASRI, RAFAEL</b>           |                                 | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>18940 NE 22ND AVE</b>       |                                 | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>N MIAMI BEACH, FL 33180</b> |                                 | CITY, ST, ZIP                                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>S</b>                       | <input type="checkbox"/> Delete | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>LEVY, SERGIO H</b>          |                                 | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>18940 NE 22ND AVE</b>       |                                 | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>N MIAMI BEACH, FL 33180</b> |                                 | CITY, ST, ZIP                                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | <input type="checkbox"/> Delete | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                 | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                 | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                 | CITY, ST, ZIP                                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | <input type="checkbox"/> Delete | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                 | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                 | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                 | CITY, ST, ZIP                                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | <input type="checkbox"/> Delete | TITLE                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                 | NAME                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                 | STREET ADDRESS                                                          |                                                                                   |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                 | CITY, ST, ZIP                                                           |                                                                                   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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 recipient of 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 to this address, with a letter like empowered. |                                |                                 |                                                                         |                                                                                   |                                   |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                 |                                                                         |                                                                                   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                 |                                                                         |                                                                                   |                                   |

ATTACHMENT  
50065101

July 13, 2005

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

DOC. P04000125486

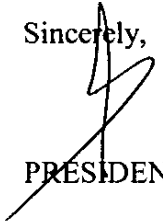
**BLUE DEVELOPMENT CORP.**

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2005, according to our records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

  
PRESIDENT