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Secretary of State

01-18-2005 90056 048 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000155732

1. Entity Name
BLUE WATERS PROPERTY MANAGEMENT AND INVESTMENT, INC.

66001744

Principal Place of Business	Mailing Address
~~8101 S.W. 72ND AVENUE~~	~~8101 S.W. 72ND AVENUE~~
~~APT. W312~~	~~APT. W312~~
~~MIAMI, FL 33143~~	~~MIAMI, FL 33143~~

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
500 Sound Dr		500 Sound Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Key Largo Fla.		City & State: Key Largo Fla	
Zip: 33037	Country: USA	Zip: 33037	Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCA, SORDO R ESQ.
9350 SOUTH DIXIE HIGHWAY
TENTH FLOOR
MIAMI,, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P HERNANDEZ, JOSE director 11372 S.W. 7TH STREET MIAMI, FL 33174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Olga Martinez director 8101 SW 72nd Avenue No. W312 ~~Miami, Florida 33143~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Olga Martinez /Olga Martinez 305 665-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #