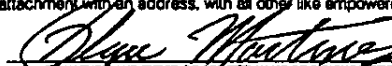


FILED
Feb 11, 2005 8:00 am
Secretary of State

66001744

DOCUMENT # P04000155732		01-18-2005 90056 048 ***150.00	
1. Entity Name BLUE WATERS PROPERTY MANAGEMENT AND INVESTMENT, INC.			
Principal Place of Business 8101 S.W. 72ND AVENUE APT. W312 MIAMI, FL 33143		Mailing Address 8101 S.W. 72ND AVENUE APT. W312 MIAMI, FL 33143	
2. Principal Place of Business 500 Sound Dr.		3. Mailing Address 500 Sound Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Brgo Fla.		City & State Key Largo Fla.	
Zip 33033		Zip 33033	
Country USA		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	
B. 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP Olga Martinez director 8101 SW 72nd Avenue No. W312 Miami, Florida 33143	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ 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)(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 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 305 465-0585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	