

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90270 022 \*\*\*158.75

<b>DOCUMENT # P04000155894</b>					
<b>1. Entity Name</b> BLUE SEAS TRANSPORTATION, INC.					
<b>Principal Place of Business</b> 7601 E. TREASURE DRIVE 1615 NORTH BAY VILLAGE, FL 33114			<b>Mailing Address</b> 7601 E. TREASURE DRIVE 1615 NORTH BAY VILLAGE, FL 33114		
<b>2. Principal Place of Business</b> 7601 E. TREASURE DR Suite, Apt. #, etc. 1615		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State N. BAY VILLAGE		City & State		<b>4. FEI Number</b> 20-1980134	
Zip 33141		Country		Zip Country	
<b>6. Name and Address of Current Registered Agent</b> NUNEZ, NILDO D 7601 E. TREASURE DRIVE 1615 NORTH BAY VILLAGE, FL 33141				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNEZ, NILDO D 7601 E TREASURE DRIVE # 1615 NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNEZ, NILDO D 7601 E. TREASURE DRIVE MIAMI, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 my address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/21/05 <small>Date Daytime Phone #</small>		

20046329



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Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

FL