



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000158095</b> 1. Entity Name BLUE CORAL UNIFORMS INCORPORATION	
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Principal Place of Business 7360 CORAL WAY SUITE 17-A MIAMI, FL 33155	Mailing Address 7360 CORAL WAY SUITE 17-A MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**

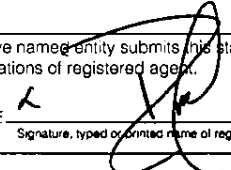
	
03122007	No Chg-P CR2E034 (11/05)
4. FEI Number 20-1911100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FERNANDEZ, ROBERTO A  
7360 CORAL WAY  
SUITE 17-A  
MIAMI, FL 33155

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: 03/14/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

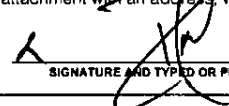
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, ROBERTO A 7360 CORAL WAY SUITE 17-A, FL 33155
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U00000669243  
03/27/07-80065-003 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  DATE: 03/14/07 DAYTIME PHONE #: 76-229-9490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR