

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161289

FILED
Aug 23, 2005
Secretary of State

Entity Name: BLUE WELL MANAGEMENT CORP

Current Principal Place of Business:

10955 SW 36 STREET
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

10955 SW 36 STREET
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 20-1960389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPAZ, EDLEEN
10955 SW 36 STREET
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEPAZ, EDLEEN
Address: 10955 SW 36 STREET
City-St-Zip: HIALEAH, FL 33165 US

Title: V () Delete
Name: DEPAZ, NELLY
Address: 10955 SW 36 STREET
City-St-Zip: HIALEAH, FL 33165 US

Title: S () Delete
Name: BALODANO, ELIZABETH
Address: 10955 SW 36 STREET
City-St-Zip: HIALEAH, FL 33165 US

Title: T () Delete
Name: DEPAZ, EVELYN
Address: 10955 SW 36 STREET
City-St-Zip: HIALEAH, FL 33165 US

Title: D () Delete
Name: DEPAZ, MOISES
Address: 10955 SW 36 STREET
City-St-Zip: HIALEAH, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDLEEN DEPAZ

P

08/23/2005

Electronic Signature of Signing Officer or Director

_____ Date