


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000161289
 1. Entity Name
 BLUE WELL MANAGEMENT CORP



Principal Place of Business Mailing Address
 10955 SW 36 STREET 10955 SW 36 STREET
 MIAMI, FL 33165 US MIAMI, FL 33165 US



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-1960389 Not Applicable

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

6. Name and Address of Current Registered Agent

DEPAZ, EDLEEN
 10955 SW 36 STREET
 MIAMI, FL 33165

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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 re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEPAZ, EDLEEN
STREET ADDRESS	10955 SW 36 STREET
CITY-ST-ZIP	HIALEAH, FL 33165
TITLE	V
NAME	DEPAZ, NELLY
STREET ADDRESS	10955 SW 36 STREET
CITY-ST-ZIP	HIALEAH, FL 33165
TITLE	S
NAME	BALTODANO, ELIZABETH
STREET ADDRESS	10955 SW 36 STREET
CITY-ST-ZIP	HIALEAH, FL 33165
TITLE	T
NAME	DEPAZ, EVELYN
STREET ADDRESS	10955 SW 36 STREET
CITY-ST-ZIP	HIALEAH, FL 33165
TITLE	D
NAME	DEPAZ, MOISES
STREET ADDRESS	10955 SW 36 STREET
CITY-ST-ZIP	HIALEAH, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Elizabeth Baltodano 3/30/06 305-887-9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #