

REINSTATEMENT FOR PROFIT CORPORATION ANNUAL REPORT

2006

06-07

FILED

2007 SEP 20 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000055989

1. Entity Name

BLUE PHIER, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

7725 W. 36th AVE

Suite, Apt. #, etc.

Unit #6

3. Mailing Address

7725 W. 36th AVE

Suite, Apt. #, etc.

Unit #6

01172006

Chg-P

CR2E034 (11/05)

City & State

HIACLEAH, FL.

City & State

HIACLEAH, FL.

Zip

33018

Country

Zip

33018

Country

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

7. Name and Address of New Registered Agent

Name

ZOE H. LEAL

Street Address (P.O. Box Number is Not Acceptable)

7725 W. 36th AVE. #6

City

HIACLEAH

FL

Zip Code

33018

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 reinstating)

DATE

9/14/07

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

P/S
LEAL, ZOE H.
7725 W. 36th AVE. #6
HIACLEAH, FL. 33018

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZOE H. LEAL 9/14/07 (305)742-4931

Date

Daytime Phone #