2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P05000146665

Entity Name: OFFBLUE - N.J., CORP.

Current Principal Place of Business:

999 PONCE DE LEON BLVD
SUITE 715
CORAL GABLES, FL 33134

New Principal Place of Business:

255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD
SUITE 715
CORAL GABLES, FL 33134

New Mailing Address:

255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134

FEI Number: 20-3721786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAGON REGISTERED AGENTS INC
999 PONCE DE LEON BLVD
SUITE 715
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ARAGON REGISTERED AGENTS INC
255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134 US

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: MAYRA FERNANDEZ 05/01/2007
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: PSTD ( ) Delete
Name: CARRILLO, GUILLERMO
Address: 999 PONCE DE LEON BLVD, SUITE 715
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CARRILLO, GUILLERMO
Address: 255 ALHAMBRA CIRCLE SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GUILLERMO CARRILLO PSTD 05/01/2007
Electronic Signature of Signing Officer or Director Date