

PO6000665455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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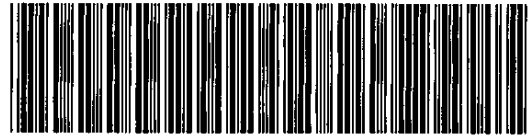
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLU USA CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** PD6000065455

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISETTE FERRAS  
(Name of Contact Person)

BLU USA CORPORATION  
(Firm/Company)

4005 NW 114<sup>th</sup> AVENUE STE 25  
(Address)

DORAL, FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

LISETTE FERRAS at (786) 554 2423  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLU USA Corporation
2. The principal office address: 4005 NW 114 Ave Ste 25  
Doral, FL 33178
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/09/2006 Document number: PD6000065455
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lisette Ferras  
10740 NW 83 Street Unit 4  
Doral, FL 33178


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lisette Ferras  
4005 Northwest 114 Avenue Suite #25  
(P.O. Box NOT acceptable)  
Doral, FL 33178

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Lisette Ferras  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

10-01-2006  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)