


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000070285	
1. Entity Name BLUE DOLPHIN INTERNATIONAL, INC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 15 PH 1:01

Principal Place of Business 8535 NW 20TH ST. DORAL, FL 33122 5134 NW 113 AVE, DORAL, FL 33178	Mailing Address 8535 NW 20TH ST. DORAL, FL 33122 5134 NW 113 AVE, DORAL, FL 33178
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08272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3932118	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, HILDA Y
~~8535 NW 20TH ST.~~
~~DORAL, FL 33122~~
5134 NW 113 AVENUE
DORAL, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, HILDA Y 8535 NW 20TH ST. DORAL, FL 33122 5134 NW 113 AVE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIAZ, JOSE L 8535 NW 20TH ST. DORAL, FL 33122 5134 NW 113 AVE DORAL, FL 33178
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09/19/08--01045--024 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 _____	9/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #