

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090360

FILED
Mar 11, 2008
Secretary of State

Entity Name: BLUELINE DIAGNOSTICS CORP.

Current Principal Place of Business:

9951 SW 62 STREET
MIAMI, FL 33173

New Principal Place of Business:

4155 SW 130TH AVE
SUITE 102
MIAMI, FL 33175

Current Mailing Address:

9951 SW 62 ST
MIAMI, FL 33173

New Mailing Address:

4155 SW 130TH AVE
SUITE 102
MIAMI, FL 33175

FEI Number: 20-5170914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUILEZ, ARIADNE
9951 SW 62 STREET
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

QUILEZ, ARIADNE
4155 SW 130TH AVE
SUITE 102
MIAMI, FL 33175 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: _____

03/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUILEZ, ARIADNE
Address: 9951 SW 62 ST
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: QUILEZ, HUMBERTO
Address: 9951 SW 62 ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUILEZ, ARIADNE
Address: 4155 SW 130TH AVE, SUITE 102
City-St-Zip: MIAMI, FL 33175

Title: VP (X) Change () Addition
Name: QUILEZ, HUMBERTO
Address: 4155 SW 130TH AVE, SUITE 102
City-St-Zip: MIAMI, FL 33175

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: ARIADNE QUILEZ

P

03/11/2008

Electronic Signature of Signing Officer or Director

Date