2008 FOR PROFIT CORPORATION

SIGNATURE:

Jun 19, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P07000096689** 06-19-2008 90002 010 ***150.00 1. Entity Name PLANET BLUE, CORP. Principal Place of Business Mailing Address 600 NE 36 ST APT 1015 600 NE 36 ST APT 1015 MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1750 N. BAYSHORE DR 1750 N. BAYSHORE DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 06132008 Cha-P CR2E034 (12/06) # 4608 # 4608 Applied For City & State City & State 4. FEI Number MIAMI Miani L6-0805862 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33132 Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ HERNANDEZ, NICOLAS Street Address (P.O. Box Number is Not Acceptable) 600 NE 36 ST APT 1015 MIAMI, FL 33137 DR # 1750 N. Bay Stora 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 fam the obligations of egistered agent. SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Presi Dant **∭**-Change Addition TITLE □ Delete TITLE HERNANDEZ, NICOLAS HERNANDEZ NICOLAS NAME NAME 1750 N. BAYSHORE DR # 460B STREET ADDRESS 600 NE 36 ST APT 1015 STREET ADDRESS MIAMI, FL 33137 CITY-ST-ZIP MIANI ,FL 33132 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐1 Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additin_ TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effects if made under oath, that I am an officer or director of the corporation or the redever or rustee 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #