## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000128571

FILED Apr 27, 2009 Secretary of State

Entity Name: BLUE CRUSH HOOPS BASKETBALL,	INC.
Current Principal Place of Business:	New Principal Place of Business:
364 WEST RIVERBEND DRIVE SUNRISE, FL 33326	
Current Mailing Address:	New Mailing Address:
364 WEST RIVERBEND DRIVE SUNRISE, FL 33326	
FEI Number: 22-3973120 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US	DIAZ, LORINDA 364 W. RIVERBEND DRIVE SUNRISE, FL 33326 US
The above named entity submits this statement for the $\ensuremath{\text{p}}$ in the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE: LORINDA DIAZ	04/27/2009
Electronic Signature of Registered Age	ent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PSD () Delete Name: DIAZ, CECIL Address: 364 WEST RIVERBEND DRIVE City-St-Zip: SUNRISE, FL 33326	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: ( ) Delete Name: Address: City-St-Zip:	Title: VP ( ) Change (X) Addition Name: DIAZ, LORINDA Address: 364 W. RIVERBEND DRIVE City-St-Zip: SUNRISE, FL 33326

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: LORINDA DIAZ VP 04/27/2009