

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108817

Entity Name: BLU SARDINIA, INC.

FILED
May 26, 2009
Secretary of State

Current Principal Place of Business:

5100 NORTH OCEAN BOULEVARD
SUITE 911 AND 913
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5100 NORTH OCEAN BOULEVARD
SUITE 911 AND 913
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-4009018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENTA, JAMES A ESQ
6765 MILANI STREET
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ORSINI-PENTA, KIM
Address: 5100 NORTH OCEAN BOULEVARD, STES 911 & 913
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: CEO () Delete
Name: RAU, PASQUALE
Address: VIA OIBIA, 1 (OT) 07022 BERCHIDDA (OT)
City-St-Zip: SARDINIA, ITALY, XX XX

Title: TD () Delete
Name: RAU, PASQUALE
Address: VIA OIBIA, 1 (OT) 07022 BERCHIDDA (OT)
City-St-Zip: SARDINIA, ITALY, XX XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIM ORSINI-PENTA

PSD

05/26/2009

Electronic Signature of Signing Officer or Director

_____ Date