## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 08:00 AM Secretary of State

DOCUMENT # P93000  1. Entity Name BLUESEAS HOLDINGS, INC.	003159
Principal Place of Business 201 S. BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131 US	Mailing Address 201 S. BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131 US



## 03012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0426372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRELL GROUP- CORPORATE SERVICES, LLC DO NOT WRITE 201 S. BISCAYNE BLVD. **SUITE 3400** IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and fille if applicable. (NOTE, Registered Agent signature required when reinstating \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CUTILLAS, MANUEL J U00000109856 NAME 04/12/04-80060-006 tsn.m STREET ADDRESS 201 S. BISCAYNE BLVD. SUITE 3400 CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME BLANCO, FRANCISCO JR 6801 NW 74TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TAS TITLE NAME FOX, BARBARA LEEWARD EAST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP NASSAU, BH IN THIS SPACE TETLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 truetee 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANUEL J. CUTILLAS

APRIL 7, 2004

Daytime Phone #