


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

02-18-2004 90012025\*\*\*15875  
P96000086291

FILED

04 FEB 24 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
94017633

DOCUMENT # P96000086291		
1. Entity Name BLUE IMPORT-EXPORT, INC.		

Principal Place of Business 9350 S DIXIE HIGHWAY 1500 MIAMI, FL 33156	Mailing Address 9350 S DIXIE HIGHWAY 1500 MIAMI, FL 33156
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2. Principal Place of Business 9455 Collins Avenue Suite, Apt. #, etc. #703	3. Mailing Address 9455 Collins Avenue Suite, Apt. #, etc. #703
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City & State Miami Beach FL	City & State Miami Beach FL
Zip 33154	Zip 33154
Country Miami-Dade	Country Miami-Dade

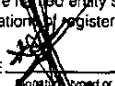
01072004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0710033	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEGREDO, FRANK J 9350 S DIXIE HIGHWAY 1500 MIAMI, FL 33156	
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7. Name and Address of New Registered Agent Name: Jorge O. Attme Street Address (P.O. Box Number is Not Acceptable): 9455 Collins Avenue #703 City: Miami Beach, FL Zip Code: 33154	
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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 obligation of, registered agent.	
SIGNATURE: 	DATE: 02/11/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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: 	DATE: 02/11/04 (305) 866-5366