

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000060369

1. Entity Name
BLUE STREAK AMERICA INC.



Principal Place of Business
**1197 S RODGERS CIR
BOCA RATON, FL 33487 US**

Mailing Address
**1197 S ROGERS CIRCLE
BOCA RATON, FL 33487-2710 US**



07122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0766924

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD SUITE 400
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
REGEV, ARON
29 MIDDLE DRIVE
RICHMOND HILL, ON LYC8C**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPF
BURKE, JIM
37-18 NORTHERN BOULEVARD
LONG ISLAND CITY, NY 11101**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SILLS, LARRY
37-18 NORTHERN BLVD
LONG ISLAND CITY, NY 11101**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000770243
07/24/07-80008-019 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARON REGEV, PRESIDENT

JULY 13, 2007

Date

(905) 669-4812

Daytime Phone #