

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90062 033 \*\*\*150.00

DOCUMENT # **P97000061955**



1. Entity Name  
**BLUE WATER MARINE, INC.**

Principal Place of Business Mailing Address  
**8076 W 21 AVE 8076 W 21 AVE**  
**7B 7B**  
**HIALEAH FL 33016 HIALEAH FL 33016**  
**US US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0770354** Applied For  
 Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPOTE, JORGE L**  
**631 W 50TH ST**  
**HIALEAH FL 33012**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Jorge Capote* **President**

*1/19/07*

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**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PT<br>CAPOTE, JORGE L<br>631 W 50TH ST<br>HIALEAH FL 33012 <input type="checkbox"/> Delete                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VPS<br>JOSE, DAYANA<br><del>4740 W 75 ST</del> <b>631 W 50 ST</b><br>HIALEAH FL 33012 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VPS<br>PEREDA, JOSE I<br>620 W 50TH PL<br>HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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: *Jorge Capote*

*1/19/07*

**305-333-9660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER