



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

2/6

02-06-2008 90021 035 ***150.00

DOCUMENT # P97000061955 1. Entity Name BLUE WATER MARINE, INC.					
Principal Place of Business 8076 W 21 AVE 7B HIALEAH FL 33016 US		Mailing Address 8076 W 21 AVE 7B HIALEAH FL 33016 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<p>66002703</p>  <p>1st MOORE CR2E034 (10/07)</p>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0770354	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPOTE, JORGE L		NAME		
STREET ADDRESS	631 W 50TH ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSE, DAYANA		NAME		
STREET ADDRESS	1710 W 75 ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREDA, JOSE I	<i>Delete</i>	NAME		
STREET ADDRESS	620 W 50TH PL		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Jorge Capote</i>		JORGE L CAPOTE		3/3/8	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		305-231-0240	