


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000089440</b>	
1. Entity Name <b>BLUE DISTRIBUTOR, INC.</b>	

Principal Place of Business <b>8900 WEST FLAGLER ST. #13 MIAMI, FL 33174</b>	Mailing Address <b>8900 WEST FLAGLER ST. #13 MIAMI, FL 33174</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0787272</b>	Applied For Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RODRIGUES &amp; UNIARTE TAX SER 4501 PALM AVE SUITE 104 HIALEAH, FL 33012</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000596428</b> <b>01/23/07-80077-021 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLEITES, RAUL 1601 N.E. 18TH AVENUE FT. LAUDERDALE, FL 33305</b>
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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.

<b>SIGNATURE:</b> <i>Raul Fleites</i> <b>RAUL FLEITES</b>	<b>1-4-07</b>	<b>3052256863</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>