2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000231 1. Entity Name BLUE PLANET U.S.A., CORP.	76		SECRETARY DIVISION OF CO 03 APR 28	OF STATE RPORATIONS	
Principal Place of Business 14601 SW 272 ST MIAMI, FL 33032	Mailing Address 2240 SW 67 AVE #10 MIAMI, FL 33155				
Principal Place of Business 2981 S.W. 137 AV. 3. Mailing Address 12981 S.W. 137 AV					
Sulte, Apt. #, etc. 383	ot. #, etc. Sulte, Apt. #, etc.		☐ CHECK HERE IF N	MAKING CHANGES	
City & State	te City & State		4. FEI Number	Applied For X Not Applicable	
Zip Country USA	33186 C	country USV9	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Name Name Tohi		7. Name and Address of New Registered Agent 8 A N E R			
4.30-4.41-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-			Idress (P.O. Box Number is Not Acceptable)		
		12981	SW. 137 AVE.	SUITY 383	
		CIN MIAM!	FL.	FL Zip Code 23 186	
B. The above named epithy 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 Startifical, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ONTE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o	f State		Election Campaign Finance Trust Fund Contribution.	sing \$5.00 May Be Added to Fees	
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICE		
NAME SAMLOT, EVA		TITLE	200017:	Change Addition 2	
STREET ADDRESS 14601 SW 272 ST CITY-ST-2P MIAMI, FL 33032		STREET ADDRESS CITY-ST-ZIP	04/28/0301108		
TITLE .		TITLE NAME		☐ Change ☐ Addition ☐	
STREET ADDRESS CITY-ST-2P	H I	STREET ADDRESS — CITY-ST-ZIP		}	
TITLE NAME		TITLE		Change Addition	
STREET ADDRESS , City-St-2IP		STREET ADDRESS CITY-ST-ZIP			
TITLE		TITLE		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-2P		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	. —	TITLE		Change Addition	
STREET ADDRESS CITY-ST-2P		STREET ADDRESS City-St-Zip			
TITLE .		TITLE		Change Addition	
STREET ADDRESS CITY-S1-2P		STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). 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.					
		squired by Chapter 607	, Florida Statutes; and that my hame ap	pears in Block 10 or Block 11 11	

ula plazon