2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 03, 2006 8:00 am
Secretary of State

03-10-2006 90019 001 ***150.00

DOCUMENT # P99000010181

1. Entity Name
MY BLUEFISH, CORP.

Principal Place of Business	Mailing Address
777 NW 72ND AVE SUITE 2BB31 MIAMI, FL 33126	777 NW 72ND AVE SUITE 2BB31 MIAMI, FL 33126

66006300

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0892179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, ANTONIO R CPA
782 NW LE JEUNE RD
SUITE 434
MIAMI, FL 33126

7. Name and Address of New Registered Agent

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 ______________________________
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARES, MARIA L 700 MYRTLEWOOD LANE KEY BISCAYNE, FL 33149 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Pares, Maria L 777 NW 72nd Ave, Suite 2bb31 Miami, FL 33126 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PARES, MARIA B 700 MYRTLEWOOD LANE KEY BISCAYNE, FL 33149 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Pares, Maria B 2898 SW 2nd Ave Miami, FL 33129 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: x [signature] 03-01-06 305-267-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #