## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P99000010181

1. Entity Name

MY BLUEFISH, CORP.



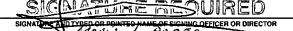
## FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90113 044 \*\*\*150.00

Principal Place of Business 777 NW 72ND AVE STE. 2H10 MIAMI FL 33126  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		Mailing Address 782 NW LE JEUNE RD., S MIAMI FL 33126  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	STE. 434 Country	CHECK HERE IF MAKING CHANGES  4. FEI Number 65-0892179 Applied For Not Applicable  5. Cartificate of Status Posited
Zip	Country		Joanny	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
			Name	
	NTONIO R CPA		Street Addres	ss (P.O. Box Number is Not Acceptable)
782 NW LE JEUNE RD., S-434				
MIAMI FL	33126			. ,
		•	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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution. Added to				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
name Street address	PD PARES, MARIA L 350 WOODCREST RD. KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS	VD RAMOS, PERCIO M 350 WOODCREST RD. KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ 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	w.	☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 



3-12-03

305-448-3393

Daytime Phone #

CR2E034 (10/0