2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

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ANNUAL REPURI				Apr 29, 2005 00:00 A			
1. Entity Nam	MENT # P99000082 BLUE, INC.	396			Sec	retary o	f State
1	e of Business LL KEY DRIVE #802 3131	Mailing Address MARTHA DAJER 615 BRICKELL KEY DR MIAMI, FL 33131				 10 00/15008	
C	OO NOT WRITE	IN THIS SPA	CE	03302005 4. FEI Numb 65-096	No Chg-P	CR2E034 (10/	Applied For Not Applicable
6. Name and Address of Current Registered Agent DAJER, MARTHA 615 BRICKELL KEY DR MIAMI, FL 33131			-	DO	NOT W	RITE	
			IN THIS SPACE				
	e named entity submits this statement to tions of registered agent.	the purpose of changing its register	red office or registe	red agent, or bo	th, in the State of Flo	orida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent t	and title if applicable NOTE Register	ed Agent signature require	d when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	00000 00000 00000	0342154 - 80848-001	-150-86-
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	S — VAZQUEZ, GERALDO A 601 BICKELL KEY DR., STE 802 MIAMI, FL 33131			-		000 10 1002	150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAFER, MARTHA 601 BRICKELL KEY DR., STE 80 MIAMI, FL 33131	2					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u> .	<u></u>	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports the 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED