## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # V59252

1. Entity Name BLUÉ MARLIN REALTY, INC.

Principal Place of Business

4101 RAVENSWOOD ROAD

**STE 226** 

FT LAUDERDALE, FL 33312 US

Mailing Address

4101 RAVENSWOOD ROAD

DO NOT WRITE IN THIS SPACE

STE 226 FT LAUDERDALE, FL 33312

No Chg-P

**FILED** 

Jan 12, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

4. PEI Number 65-0361795

01072004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, WALTER B III 4101 RAVENSWOOD ROAD STE 228

## DO NOT WRITE

FT LAUDE	RDALE, FL 33312	IN THIS SPACE					
	named entity submits this statement for the $\boldsymbol{\epsilon}$ ions of registered agent.	urpase of changing its registere	d office or registered	agent, or both, in the	State of Florida. I am familiar v	vith, and accept	
SIGNATURE_	Signature, type-d or printed name of registered agent and title	f applicable. (NCTE, Registered	Agent agosture required whi	m renstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND DIREC	CTORS					
HTLE NAME STREET ADDRESS CITY-ST-ZIP	P DUKE, WALTER B. III 4101 RAVENSWOOD RD STE 226 FT LAUDERDALE, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEMORE, SCOTT M. 4101 RAVENSWOOD RD STE 226 FT LAUDERDALE, FL 52			01/	12/04-80026-023	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLOBUS, ROBERT D. 4101 RAVENSWOOD RD STE 226 FT LAUDERDALE, FL			DO NO	T WRITE		
DITLE NAME STREET AODRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME				•			

12. I hereby certify that the information supplied with this filling 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 hustee 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 upper like expowered

SIGNATURE: \_

STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2004

(954) 587-2703