## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004027

Entity Name: B.L.U.E. MISSIONS GROUP INC.

**Current Principal Place of Business:** 

7350 SW 48 ST MIAMI. FL 33155

**Current Mailing Address:** 

7350 SW 48TH STREET MIAMI, FL 33155 US

FEI Number: 27-2508903 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, NICOLE MARIE 7955 SW 97 TERRACE MIAMI, FL 33156 US

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.

SIGNATURE: NICOLE MARIE GARCIA 01/27/2025

Electronic Signature of Registered Agent

Date

FILED Jan 27, 2025

**Secretary of State** 

2953936587CC

Officer/Director Detail:

Title VP, DIRECTOR Title DIRECTOR, TREASURER RODRIGUEZ, DANIEL Name Name GARCIA, NICOLE MARIE 8516 SW 103 AVE **7955 SW 97 TERRACE** Address Address City-State-Zip: MIAMI FL 33156 MIAMI FL 33173 City-State-Zip:

TitleDIRECTORTitlePRESIDENT, DIRECTORNameRODRIGUEZ, NANCYNamePEREZ, ALBERTO RAddress8465 SW 96TH STREETAddress7513 SW 54 CT

City-State-Zip: MIAMI FL 33156 City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR Title DIRECTOR, SECRETARY

NameBARROSO, MICHAEL XAVIERNameDIAZ, NICOLE MAddress15621 PALMETTO CLUB DRAddress10900 SW 115 STCity-State-Zip:MIAMI FL 33157City-State-Zip:MIAMI FL 33176

Title DIRECTOR Title DIRECTOR

NameDIAZ, JOSE MANUELNameGUIXENS, JUAN J JR.Address1101 REDBIRD AVEAddress8340 SW 87 TERRACECity-State-Zip:MIAMI SPRINGS FL 33166City-State-Zip:MIAMI FL 33143

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL RODRIGUEZ VICE PRESIDENT

01/27/2025

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name FRAZIER, LINDA

Address 145 COMMERCIAL ST

413

City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name BARRERA, OMAR
Address 6031 SW 93 PLACE
City-State-Zip: MIAMI FL 33173

Title DIRECTOR

Name GAUDIO, BRIAN EUGENE Address 5452 BLACK STREET

City-State-Zip: PITTSBURGH PA 15206

Title DIRECTOR

Name PEREZ, ADRIAN

Address 888 BRICKELL KEY DRIVE

709

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name PUMARIEGA, ANDRES
Address 1918 NW 17 STREET

City-State-Zip: MIAMI FL 33125

Title DIRECTOR

Name RAMOS, NICHOLAS

Address 7745 SW 141ST STREET

City-State-Zip: MIAMI FL 33158

Title DIRECTOR

Name SANTANA-DOWLING, YADIRA

Address 17994 SW 35 ST

City-State-Zip: MIRAMAR FL 33029

Title DIRECTOR

Name DOMINGUEZ, ALEJANDRO

Address 7440 SW 36 ST City-State-Zip: MIAMI FL 33155

Title DIRECTOR

Name FIGUERAS, JAVIER
Address 15104 NE 9TH PL

City-State-Zip: BELLEVUE WA 98007

Title DIRECTOR

Name ROGERS, DEANNA

Address 1000 NW 1ST AVE

1207

City-State-Zip: MIAMI FL 33136

Title DIRECTOR

Name GONZALEZ, OZZIE
Address 8907 SW 69 TERRACE

City-State-Zip: MIAMI FL 33173