

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004027

Entity Name: B.L.U.E. MISSIONS GROUP INC.**Current Principal Place of Business:**8465 SW 96TH STREET
MIAMI, FL 33156**Current Mailing Address:**8465 SW 96TH STREET
MIAMI, FL 33156**FEI Number:** 27-2508903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, DANIEL
8465 SW 96TH STREET
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	RODRIGUEZ, DANIEL
Address	8465 SW 96TH STREET
City-State-Zip:	MIAMI FL 33156

Title	VP
Name	RODRIGUEZ, NICOLE
Address	8465 SW 96TH STREET
City-State-Zip:	MIAMI FL 33156

Title	D
Name	RODRIGUEZ, JORGE
Address	8465 SW 96TH STREET
City-State-Zip:	MIAMI FL 33156

Title	S
Name	FERRADAS, DANIELLE
Address	8465 SW 96TH STREET
City-State-Zip:	MIAMI FL 33156

Title	T
Name	RODRIGUEZ, NANCY
Address	8465 SW 96TH STREET
City-State-Zip:	MIAMI FL 33156

Title	D
Name	PEREZ, ALBERTO R
Address	3520 VISTA CT
City-State-Zip:	COCONUT GROVE FL 33133

Title	OFFICER
Name	BARROSO, MICHAEL
Address	9261 SW 65 ST
City-State-Zip:	MIAMI FL 33173

Title	OFFICER
Name	AGUIRRE, NICOLE M
Address	13850 SW 106 ST
City-State-Zip:	MIAMI FL 33186

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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**CEO****04/05/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	OFFICER	Title	OFFICER
Name	COLLAR, JUAN C	Name	AGUIRRE, NATALIE M
Address	6900 SW 73 CT	Address	6900 SW 73 CT
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL 33186
Title	OFICER		
Name	FULTON, CHRISTOPHER		
Address	2215 LINCOLN AVE		
City-State-Zip:	COCONUT GROVE FL 33133		