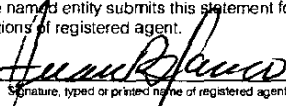
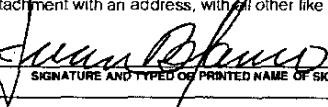


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90028 022 ***150.00

DOCUMENT # P02000079135 1. Entity Name BLORAR INTERNATIONAL CORP.					
Principal Place of Business 2821 SW 6TH AVE MIAMI, FL 33155			Mailing Address 2821 SW 6TH AVE MIAMI, FL 33155		
2. Principal Place of Business 2821 SW 65 AVE Suite, Apt. #, etc.		3. Mailing Address 2821 SW 65 AVE Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33155		Zip 33155			
4. FEI Number 47-0881112				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARCE, JOSE E 9020 SW 56 TERR MIAMI, FL 33173			7. Name and Address of New Registered Agent Name JUAN BLANCO Street Address (P.O. Box Number is Not Acceptable) 2821 SW 65 AVE City MIAMI FL Zip Code 33155		
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  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARCE, JOSE E 9020 SW 56 TERR MIAMI, FL 33173	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, JUAN 2821 SW 65 AVE MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORDONEZ, JUAN M 1030 SW 87 AVE A7 MIAMI, FL 33174	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE 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, without other like empowered.					
SIGNATURE 			Date 4-01-04		