2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000079135

1. Entity Name
BLORAR INTERNATIONAL CORP.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2821 SW 65TH AVE MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2821 SW 65TH AVE MIAMI, FL 33155



04132008

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

BLANCO, JUAN DO NOT WRITE 2821 SW 65TH AVE MIAMI, FL 33156 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution 10. OFFICERS AND DIRECTORS TITLE BLANCO, JUAN STREET ADDRESS 2821 SW 65 AVE CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLÈ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/r /08

Daytime Phone #