


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90005 006 ***158.75

DOCUMENT # P04000139197

1. Entity Name
BLV GROUP INC.



Principal Place of Business
**16458 132 TERRACE N
 JUPITER, FL 33478**

Mailing Address
**16458 132 TERRACE N
 JUPITER, FL 33478**

2. Principal Place of Business - No P.O. Box #
716 SW 1 AVE

3. Mailing Address
716 SW 1 AVE

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip
33060

Country
U.S.

Zip
33060

Country
U.S.



01182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**VELEZ, BLANCO
 6921 CYPRESS RD A-20
 PLANTATION, FL 33317**

4. FEI Number
20-1739742

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
JOHN VELEZ

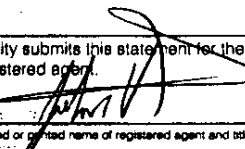
Street Address (P.O. Box Number is Not Acceptable)
716 SW 1 AVE

City
POMPANO BEACH

FL

Zip Code
33060

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  **JOHN VELEZ, PRESIDENT/DIRECTOR** DATE **01/01/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00

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	D- VELEZ, BLANCA L <input checked="" type="checkbox"/> Delete 6921 CYPRESS RD A-20 PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN VELEZ 716 SW 1 AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  **JOHN VELEZ, PRESIDENT/DIRECTOR** DATE **01/01/08** DAYTIME PHONE # **954-605-3655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #