2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2004 8:00 am Secretary of State DOCUMENT # S60776 1. Entity Name 01-26-2004 90004 020 ***150.00 BLANKOR, INC. Principal Place of Business Mailing Address BURLEIGH KAPLAM 2659 W. OKEECHOBEE ROAD 54000532 5838 COLONY COURT BOCA RATON FL 33433-5202 LOT B-20 HIALEAH FL 33010-1066 2. Principal Place of Business 3. Mailing Address 5838 Colony Court Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0267885 Boca Raton, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33433 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAPLAN, KAPLAN Street Address (P.O. Box Number is Not Acceptable) **BURLEIGH KAPLAN 5838 COLONY COURT BOCA RATON FL 33433-5202** City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD TITLE □ Delete TITLE Director ☐ Change **★** Addition NAME KAPLAN, BURLEIGH NAME Lily Kaplan **5838 COLONY COURT** STREET ADDRESS STREET ADDRESS 5838 Colony Court **BOCA RATON FL 33433-5202** CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33433-5202 TITLE ☐ Delete TITLE Director ☐ Change ★ Addition NAME . . . NAME Cynthia Howard . ._ STREET ADDRESS STREET ADDRESS 3062 N.W. 61st Street CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL TITLE ---Delete .--TITLE - - . Director 🗀 Change Addition NAME NAME Cheryl Kaplan STREET ADDRESS STREET ADDRESS 555 N.E. 34th St. Apt. #1101 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33137 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 of trusiee 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 that address with all other like empowered.

/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

01/21/04

(305) - 542 - 1199

FILED