


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 823749 1. Entity Name BLAIR BEARINGS, INC.	
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Principal Place of Business
12155 S.W. 114TH PLACE
P. O. BOX 186
MIAMI, FL 33176Mailing Address
12155 S.W. 114TH PLACE
P. O. BOX 186
MIAMI, FL 33176**DO NOT WRITE IN THIS SPACE**

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-2419271Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**BLAIR, BERNARD W.
9735 NE 52ND ST #421
MIAMI, FL 33178**DO NOT WRITE
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)

DATE

**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**000000048904
02/13/04-80042-002 150.00**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BLAIR, BERNARD W.
STREET ADDRESS	12155 S.W. 114TH PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	BLAIR, LOUIS C.
STREET ADDRESS	12155 S.W. 114TH PL.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS C. BLAIR, V-P 2/11/04

Date

305-233-3020
Daytime Phone #