## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F79620

1. Entity Name JORGE E. BLANCO, P.A.



Principal Place of Business ...

%JORGE E. BLANCO 1401 PONCE DE LEON BLVD. #202 CORAL GABLES, FL 33134

Mailing Address

%JORGE E. BLANCO 1401 PONCE DE LEON BLVD. #202 CORAL GABLES, FL 33134

## **FILED** Mar 12, 2005 08:00 AM Secretary of State



DO	<b>NOT</b>	<b>WRITE</b>	IN	<b>THIS</b>	<b>SPACE</b>
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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03072005 No Chg-P CR2E034 (10/03)

4. FE! Number 59-2186278 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BLANCO, JORGE E. 1401 PONCE DE LEON BLVD. #202 CORAL GABLES, FL 33134

SIGNATURÉ

## 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 talle if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution			ing	\$5.00 May Be Added to Fees	U00000260376				
10.	OFFICERS AND DIREC	TORS			03/12/05-80022-018 150.00				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD BLANCO, JORGE E 1401 PONCE DE LEON BLVD CORAL GABLES, FL								
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-\$1-ZIP				·	277 1111 (1) 24-24-4 (1) (1)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filling 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 wastee emplowered 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 likes information.									