


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95647</b> 1. Entity Name <b>BLAKE/SMITH &amp; ASSOCIATES, INC.</b>																					
Principal Place of Business <b>POST OFFICE BOX 431597</b> <b>MIAMI FL 33243-1597</b> <b>US</b>			Mailing Address <b>POST OFFICE BOX 431597</b> <b>MIAMI FL 33243-1597</b> <b>US</b>																		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country	4. FEI Number <b>59-2240287</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/07)																	
6. Name and Address of Current Registered Agent  <b>SMITH, JOHN EDWARD</b> <b>7531 SOUTHWEST 64TH CT.</b> <b>MIAMI FL 33143</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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.																					
SIGNATURE _____ (NOTE: Registered Agent signature required when filing) DATE _____																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">DPT <input type="checkbox"/> Delete</td> <td style="width: 30%;">NAME</td> <td style="width: 10%;">SMITH, JOHN EDWARD</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7531 SOUTHWEST 64TH CT.</td> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> </tr> </table>			TITLE	DPT <input type="checkbox"/> Delete	NAME	SMITH, JOHN EDWARD	STREET ADDRESS	7531 SOUTHWEST 64TH CT.	CITY-ST-ZIP	MIAMI FL	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> </tr> <tr> <td colspan="4" style="text-align: center;">           000000334676            05/23/08-80040-017 150.00         </td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	000000334676 05/23/08-80040-017 150.00			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another line empowered.

**SIGNATURE:** *John Edward Smith* **JOHN EDWARD SMITH** 04.28.08 305665-2038  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:mo:year