

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90222 031 ***150.00

DOCUMENT # F98000005074					
1. Entity Name WALDEN AVENUE-BLEND-ALL HOTEL DEVELOPMENT, INC.					
Principal Place of Business 570 DELAWARE AVENUE BUFFALO, NY 14202			Mailing Address 570 DELAWARE AVENUE BUFFALO, NY 14202		
2. Principal Place of Business 8441 Cooper Creek Blvd		3. Mailing Address 8441 Cooper Creek Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State University PARK FL		City & State University PARK FL		4. FEI Number 16-1452191	
Zip 34201		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	PVC BENDERSON, RANDALL 570 DELAWARE AVENUE BUFFALO, NY 14202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8441 COOPER CREEK BLVD UNIVERSITY PARK FL 34201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BALDAUF, DAVID H 570 DELAWARE AVENUE BUFFALO, NY 14202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8441 COOPER CREEK BLVD UNIVERSITY PARK FL 34201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFSON, ALAN S 570 DELAWARE AVENUE BUFFALO, NY 14202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8441 COOPER CREEK BLVD UNIVERSITY PARK FL 34201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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 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: <i>David H. Baldauf</i>			DAVID H. BALDAUF VS 4/22/2004 941.359.8303		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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