2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # G02018 Sep 09, 2008 08:00 AM Secretary of State 1. Entity Name BLANQUITA ORTHOPEDIC INC. Principal Place of Business Mailing Address % RAUL ALVAREZ % RAUL ALVAREZ 6831 W. 4TH AVE. 6831 W. 4TH AVE HIALEAH, FL 33014 HIALEAH, FL 33014 07102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2225252 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent ALVAREZ, RAUL DO NOT WRITE 6831 W. 4TH AVE HIALEAH, FL 33012 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U000000959275 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 09/09/08-80004-010 550.00 Trust Fund Contribution Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS **PDS** THILE NAME ALVAREZ, RAUL STREET ADDRESS 1370 NW 76 STREET HIALEAH, FL 33014 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHY-SI-7P TITLE NAME STREET ADDRESS CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and taccurate 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 written address, with all other files empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/05/08

Daytime Phone #