

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K09687

1. Entity Name
BLP ASSOCIATES, INC.



Principal Place of Business
**13161 BURGUNDY DR. S
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**13161 BURGUNDY DR. S
PALM BEACH GARDENS, FL 33410 US**



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0028540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GOLDSTEIN, GILBERT
13161 BURGUNDY DR. S
PALM BEACH GARDENS, FL 33410**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDSTEIN, GILBERT 13161 BURGUNDY DR S. PALM BCH. GARDENS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, PAUL 777 S. FLAGLER DR E. W. PALM BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BREGMAN, HOWARD 777 S. FLAGLER DR E. W. PALM BCH., FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLDOW, ROBERT 2000 S. OCEAN BLVD PALM BCH., FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GITTIS, HOWARD 195 VIA DEL MAR PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/07/05-80074-006 150.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05 (212) 512-5090
Date Daytime Phone #