


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90218 003 ***150.00

DOCUMENT # K09687

1. Entity Name
BLP ASSOCIATES, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40001043



04232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
65-0028540

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, GILBERT	
STREET ADDRESS	13161 BURGUNDY DR S.	
CITY-ST-ZIP	PALM BCH. GARDENS, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAPIRO, PAUL	
STREET ADDRESS	777 S. FLAGLER DR E.	
CITY-ST-ZIP	W. PALM BCH, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BREGMAN, HOWARD	
STREET ADDRESS	777 S. FLAGLER DR E.	
CITY-ST-ZIP	W. PALM BCH., FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLDOW, ROBERT	
STREET ADDRESS	2000 S. OCEAN BLVD	
CITY-ST-ZIP	PALM BCH., FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GITTIS, HOWARD	
STREET ADDRESS	195 VIA DEL MAR	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 VIA PALMA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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: Howard Gittis **HOWARD GITTIS** 4/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #