


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90069 013 ***150.00

DOCUMENT # K09687

1. Entity Name
BLP ASSOCIATES, INC.



Principal Place of Business Mailing Address

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

50001114



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

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

03202008 Chg-P **CR2E034 (12/06)**

City & State City & State

4. FEI Number Applied For

65-0028540 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

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, 2008 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 checked="" type="checkbox"/> Delete
NAME	GITTIS, HOWARD
STREET ADDRESS	200 VIA PALMA
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	VP <input checked="" 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	
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: *Gilbert Goldstein*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
GILBERT GOLDSTEIN

3/20/08 **(561) 624-2294**

Date Daytime Phone #