

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90073 001 ****50.00

24057550



04252004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000039528			
1. Entity Name BL INTERNATIONAL GROUP, L.L.C.		Principal Place of Business 6721 N.W. 36TH AVE. MIAMI, FL 33147	
Mailing Address 6721 N.W. 36TH AVE. MIAMI, FL 33147		2. Principal Place of Business 174 W. 25 ST. Suite, Apt. #, etc.	
3. Mailing Address 174 W 25 ST Suite, Apt. #, etc.		City & State HIALEAH FL.	
City & State HIALEAH FL.		City & State HIALEAH FL.	
Zip 33010		Country USA	
4. FEI Number 41-2113537		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent POMERANIEC, BERNARDO 6721 N.W. 36TH AVE. MIAMI, FL 33147		7. Name and Address of New Registered Agent Name: POMERANIEC BERNARDO Street Address (P.O. Box Number is Not Acceptable): 174 W 25 ST. City: HIALEAH FL Zip Code: 33010	
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: 04/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM BERNARDO POMERANIEC 174 W 25 ST HIALEAH FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM LEON KLAS 174 W 25 ST HIALEAH FL. 33010	
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
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
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
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:		BERNARDO POMERANIEC	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 04-25-04 (309) 883-8800	