2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 22, 2008 8:00 am DOCUMENT # L12554 Secretary of State 1. Entity Name 02-22-2008 90020 019 \*\*\*150.00 BLF GROUP, INC. Mailing Address Principal Place of Business 11722 CARDENA CT PALM BEACH GARDENS FL 33418 11722 CARDENA CT PALM BEACH GARDENS FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0138014 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAHLIN, RICHARD A Street Address (P.O. Epx Number is Not Acceptable) 2525 PONCE DE LEON BLUD 20590 WEST DIXIE HWY NORTH MIAMI BEACH FL 33180 STH FIOOR COLAL GABIES FL 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. RICHARD A CAHLIN FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Change Addition FLEISHER, BRUCE NAME NAME 11722 CARDENA CT STREET ADDRESS CITY-\$1-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLEISHER, WENDY NAME NAME STREET ADDRESS 11722 CARDENA CT STREET ADDRESS OffY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition PMAIN FLEISHER, JESSICA HAME STREET ADDRESS STREET ADORESS 11722 CARDENA CT CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie TITLE ☐ Change ☐ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information godes het duality for the exemptions contained in Section 119, righted Statutes. Further certary that the information is occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 of the province of the pro indicated on this report or supplemental report is true and of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corp

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