


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 001 ***150.00

DOCUMENT # L21961 1. Entity Name J. E. BLEY OVERSEAS TRADE OF SOUTH FLORIDA, INC.					
Principal Place of Business 1351 NE MIAMI GARDENS DRIVE PH 1-E N. MIAMI BEACH FL 33179 US <i>AFTER 03.01.04</i>			Mailing Address 1351 NE MIAMI GARDENS DRIVE PH 1-E N. MIAMI BEACH FL 33179		
2. Principal Place of Business 942 PENNSYLVANIA AVE		3. Mailing Address 942 PENNSYLVANIA AVE			
Suite, Apt. #, etc. OFF #9		Suite, Apt. #, etc. OFFICE #9			
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL		4. FEI Number 65-0166970	
Zip FL33139		Country FL33139		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent J. E. BLEY 1351 N.E. MIAMI GARDENS DRIVE PH1E NORTH MIAMI BEACH FL 33179			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEY, J. E. 1351 NE MIAM GRDNS DR PH N. MIAMI BEACH FL		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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"/> Change <input type="checkbox"/> Addition		
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: <i>Bley</i> BLEY as PRES, of INC, Jan. 26, 04 305-531-0926					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					