

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

11 MAY 24 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L21961



1. Entity Name
J. E. BLEY OVERSEAS TRADE OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
942 PENNSYLVANIA AVE 942 PENNSYLVANIA AVE
201 201
MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US

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



05162011 Chg-P CR2E034 (11/08)

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

City & State City & State

4. FEI Number Applied For
65-0166970 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLEY, ECKHARD
942 PENNSYLVANIA AVE
201
MIAMI BEACH, FL 33139

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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BLEY, J.E.
STREET ADDRESS 942 PENNSYLVANIA AVE #205
CITY- ST- ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700208075367
CITY- ST- ZIP 05/24/11--01010--005 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Bley Eckhard BLEY, PRES. May 19-11 786-287-9270 cell 305-531-0926 off
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year
ANSWER MACH