

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L52167

**FILED**  
**Feb 20, 2004**  
**Secretary of State**

**Entity Name:** BLITZ VENTURES, INC.

**Current Principal Place of Business:**

10031 PINES BLVD.  
SUITE 104  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

10031 PINES BLVD.  
SUITE 104  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 65-0173911      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLITZ, HOWARD  
10031 PINES BLVD.  
SUITE 104  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: BLITZ, HOWARD,  
Address: 10031 PINES BLVD. - SUITE 104  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V (X) Delete  
Name: BLITZ, LAWRENCE  
Address: 10031 PINES BLVD. - SUITE 104  
City-St-Zip: PEMBROKES PINES, FL 33024

Title: T (X) Delete  
Name: BLITZ, ROBERT  
Address: 10031 PINES BLVD. - SUITE 104  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD BLITZ

P

02/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date