

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # L53977

1. Entity Name
BLAYSTRAN ENTERPRISES, INC.



Principal Place of Business
**402 S.E. 1ST AVENUE
FLORIDA CITY, FL 33034 US**

Mailing Address
**P.O. DRAWER 900310
HOMESTEAD, FL 33090 US**



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0204654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCUS, MICHAEL J.
317 NORTH KROME AVE.
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLAYLOCK, LAWRENCE H.
STREET ADDRESS	724 SOUTH FLAGLER
CITY - ST - ZIP	HOMESTEAD, FL

TITLE	VPSD
NAME	SANCHEZ, CRYSTAL B
STREET ADDRESS	19490 SW 232ND ST
CITY - ST - ZIP	MIAMI, FL 33170

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/05