

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90005 045 \*\*\*150.00

**DOCUMENT # M09293**

1. Entity Name  
**BLUMBERG INDUSTRIES, INC.**



Principal Place of Business  
**5770 MIAMI LAKES DR.  
MIAMI LAKES, FL 33014-3707**

Mailing Address  
**5770 MIAMI LAKES DR.  
ATTN: CONTROLLER  
MIAMI LAKES, FL 33014-2418 US**

**50025256**



07122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-1542040**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOLDBLUM, LAURA  
5770 MIAMI LAKES DR.  
MAIMI LAKES, FL 33104**

**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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
BLUMBERG, MAX  
5770 MIAMI LAKES DR.  
MIAMI LAKES, FL 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GOLDBLUM, L  
5770 MIAMI LAKES DR.  
MIAMI LAKES, FL 33014**

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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-12-06**

Date

**305-821-3850**

Daytime Phone #

ATTACHMENT  
*Fine Art* 500225256  
LAMPS # M09293

Florida Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

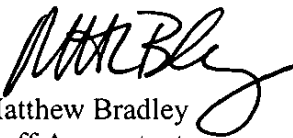
August 3, 2006

Dear Sir or Madam,

Enclosed is our completed 2006 Corporation Annual Report with payment of \$150.00.  
We are asking for waiver of the \$400.00 late fee as the original report notice was never  
received.

We appreciate your consideration.

Sincerely,

  
Matthew Bradley  
Staff Accountant