2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061067

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Mar 20, 2004 Secretary of State

DOCON	1 L 1 1 1 T 1 O		<i>)</i>				360	i c lary o	1 State
Entity Nar	ne: BLASTIN	IGMAR INTE	RNATIONAL, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
1703 OAK SPRINGS PLACE LAKE MARY, FL 32746					2290 W AIRPORT BLVD SANFORD, FL 32771				
Current M	New	New Mailing Address:							
	SPRINGS PL RY, FL 32746	ACE							
FEI Number: 65-1031166 FEI Number Applied For () FEI I				FEI Number N	umber Not Applicable () Certificate of Status Desired ()				s Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
	IAIME SPRINGS PL RY, FL 32746	ACE US							
	named entity of Florida.	submits this	statement for the p	urpose of char	nging i	ts registe	red office or	registered	agent, or both,
SIGNATUR	RE:								
	Electro	nic Signature	of Registered Age	nt				Date	
Election Car	npaign Financin	g Trust Fund C	ontribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PSD (MEDINA, JAIM 1703 OAK SPI LAKE MARY, F	RINGS PL.		Title: Name Addre City-S	ss:				
Title: Name: Address: City-St-Zip:	VD (MEDINA, JUAN 1703 OAK SPI LAKE MARY, F	RINGS PL		Title: Name Addre City-S	ss:				
Title: Name: Address:	() Delete		Title: Name Addre		T/S MEDINA, 1703 OAI		e (X) Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LAKE MARY, FL 32746

1703 OAK SPRINGS PL

LAKE MARY, FL 32746

MEDINA, ALICÍA 0

() Change (X) Addition

SIGNATURE: JAIME MEDINA P 03/20/2004