

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045268

Entity Name: BLINOS, INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

9 SW 13TH STREET  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

9 SW 13TH STREET  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

FEI Number: 65-1145198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, TOM  
9 SW 13TH STREET  
FORT LAUDERDALE, FL 33315 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: PD ( ) Delete  
Name: PIACENZA, CARLO  
Address: 4900 N OCEAN BLVD #1613  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: V ( ) Delete  
Name: PIACENZA, TALIA  
Address: 9 S.W. 13TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33315

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

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 exemption stated 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 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: CARLO PIACENZA

PD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date