## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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## DOCUMENT # P01000058947

1. Entity Name BLANDON ORNAMENTAL IRON, INC.

**FILED** Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

218 NW 25TH STREET MIAMI, FL 33127

Mailing Address

218 NW 25TH STREET MIAMI, FL 33127



04062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1118699

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANDON, RAUL 218 NW 25TH STREET MIAMI, FL 33127

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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.

10.

TITLE

NAME

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

BLANDON, RAUL

9. Election Campaign Financing Trust Fund Contribution.

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

STREET ADDRESS 218 NW 25TH STREET CITY-ST-ZIP MIAMI, FL 33127 U00000719704 05/01/07-80072-025 150.00 D TITLE BLANDON, ADIELA NAME 218 NW 25TH STREET STREET ADDRESS

MIAMI, FL 33127 CITY-ST-ZIP

BLANDON, LUIS RAUL 218 NW 25TH STREET

MIAMI, FL 33127

TITL F NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME STREET ADDRESS

C1TY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/07

(305) 244-7525

Daytime Phone #