

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000113669

**FILED**  
**Aug 20, 2008**  
**Secretary of State**

**Entity Name:** USA BLANX FACTORY OUTLET INC

**Current Principal Place of Business:**

409 PLAZA AVE.  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

409 PLAZA AVE.  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

**FEI Number:** 01-0553198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VELASQUEZ, ERVIN A  
409 PLAZA AVE.  
LAKE PLACID, FL 33852 US

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

NEWTON, DONALD S RA  
409 PLAZA AVE.  
LAKE PLACID, FL 33852 US

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:** DONALD S NEWTON SR

08/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** VELASQUEZ, ERVIN A  
**Address:** 409 PLAZA AVE.  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** SEC ( ) Delete  
**Name:** VELASQUEZ, MARIA  
**Address:** 409 PLAZA AVE.  
**City-St-Zip:** LAKE PLACID, FL 33852

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

**Title:** P (X) Change ( ) Addition  
**Name:** NEWTON, DONALD S PRES  
**Address:** 409 PLAZA AVE.  
**City-St-Zip:** LAKE PLACID, FL 33852

**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:** DONALD S NEWTON SR

PRES

08/20/2008

Electronic Signature of Signing Officer or Director

Date