

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90061 036 \*\*\*150.00

**DOCUMENT # P02000009962**

1. Entity Name  
**BLASCO FASHIONS, INC.**



Principal Place of Business  
**251 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**251 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**75-2972397**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAYVICH, ANNA  
251 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name  
**Oleg Rayvich**  
Street Address (P.O. Box Number is Not Acceptable)  
**251 NE 167th Street**  
City  
**North Miami Bch FL** Zip Code  
**33162**

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]* **DEPARTMENT OF STATE**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) **EC - DEPOSIT ONLY**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
**PVP  
RAYVICH, OLEG  
251 NE 167 ST  
MIAMI, FL 33162** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RAYVICH, ANNA  
251 NE 767 ST  
MIAMI, FL 33162** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* **3-10-04 305-244-6336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #