

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000064466

1. Entity Name  
BLAKESMOORE INVESTMENTS, INC.



**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90033 037 \*\*\*158.75

Principal Place of Business  
220 ALHAMBRA CIR, STE 350  
CORAL GABLES, FL 33134

Mailing Address  
220 ALHAMBRA CIR, STE 350  
CORAL GABLES, FL 33134

2. Principal Place of Business  
13771 SW 38 St

3. Mailing Address  
13771 SW 38 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004 Chg-P CR2E034 (10/03)

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
33-1009356

Applied For  
Not Applicable

Zip  
33175

Country  
USA

Zip  
33175

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTOS, JOSE A JR.  
220 ALHAMBRA CIR, STE 350  
CORAL GABLES, FL 33134

Name  
Maria E Santos

Street Address (P.O. Box Number is Not Acceptable)

13771 SW 38 St

City  
Miami

FL

Zip Code  
33175

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 *ME Santos*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
JIMENEZ, DANNY  
STREET ADDRESS  
13771 SW 38TH STREET  
CITY-ST-ZIP  
MIAMI, FL 33175 ☐ Delete

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

TITLE  
NAME  
SANTOS, MARIA E  
STREET ADDRESS  
13771 SW 38TH STREET  
CITY-ST-ZIP  
MIAMI, FL 33175 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*ME Santos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

Daytime Phone #