## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000121835

LUZARRAGA, JORGE

2730 SW 3 AVE, # 600

MIAMI, FL 33129

Name:

Address:

City-St-Zip:

Entity Name: BLB PROPERTY MAINTENANCE, INC.

FILED Jun 07, 2007 Secretary of State

•					
Current Pr	incipal Place	e of Business:	New Principal Place of Business:		
2730 SW 3	AVE				
600 MIAMI, FL	33129				
Current Ma	ailing Addre	ss:	New Mailing Address:		
2730 SW 3 MIAMI, FL			2730 SW 3 AVE 600 MIAMI, FL 33129		
FEI Number:	90-0054766	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BORROTO 2730 SW 3 # 600 MIAMI, FL					
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: WILFREI	DO BORROTO			
	Electro	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notice.		
	AND DIREC	- ` ` <i>'</i>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( BORROTO, W 2730 SW 3 AV MIAMI, FL 331	E, # 600	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( BORROTO, MA 2730 SW 3 AV MIAMI, FL 331	E, # 600	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( LUZARRAGA, I 2730 SW 3 AV MIAMI, FL 331	E, # 600	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	D (	) Delete	Title: (	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MONICA LUZARRAGA D 06/07/2007