


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90071 009 \*\*\*150.00

<b>DOCUMENT # P02000121887</b>	
1. Entity Name <b>BLB REALTY, INC.</b>	

Principal Place of Business <b>240 CRANDON BLVD STE 167 KEY BISCAYNE, FL 33149</b>	Mailing Address <b>240 CRANDON BLVD STE 167 KEY BISCAYNE, FL 33149</b>
---	---

2. Principal Place of Business <b>2730 SW 3 Ave</b> Suite, Apt. #, etc. <b>600</b> City & State <b>MIAMI, FL</b> Zip <b>33129</b> Country <b>USA</b>	3. Mailing Address <b>2730 SW 3 Ave</b> Suite, Apt. #, etc. <b>600</b> City & State <b>MIAMI, FL</b> Zip <b>33129</b> Country <b>USA</b>
--	--



01052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>90-0054837</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MENDEDEZ, ANTONIO R 150 W FLAGLER ST STE 2200 MIAMI, FL 33130</b>	7. Name and Address of New Registered Agent Name <b>WILFREDO BORROTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2730 SW 3 Ave #600</b> City <b>MIAMI, FL</b> Zip Code <b>33129</b>
---	--

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:  **WILFREDO BORROTO** 1/5/5  
Signature, or the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROTO, WILFREDO 240 CRANDON BLVD STE 167 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2730 SW 3 Ave #600</b> <b>MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROTO, MARILYN 240 CRANDON BLVD STE 167 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S</b> <b>2730 SW 3 Ave #600</b> <b>MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZARRAGA, MONICA 240 CRANDON BLVD STE 167 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>2730 SW 3 Ave #600</b> <b>MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZARRAGA, JORGE 240 CRANDON BLVD STE 167 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V</b> <b>2730 SW 3 Ave #600</b> <b>MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **MONICA LUZARRAGA** 1/5/05 (305) 858-0567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #