


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90260 017 ***150.00

DOCUMENT # P02000121899		
1. Entity Name BLB DEVELOPERS, INC.		

Principal Place of Business 240 CRANDON BLVD STE 167 KEY BISCAYNE FL 33149	Mailing Address 240 CRANDON BLVD STE 167 KEY BISCAYNE FL 33149
--	--

2. Principal Place of Business		3. Mailing Address 2730 SW 3 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 600	
City & State		City & State Miami, FL	
Zip 33129	Country USA		



MOORE CR2E034 (11/03)

4. FEI Number 80-0052941		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MENENDEZ, ANTONIO R 150 W FLAGLER ST STE 2200 MIAMI FL 33130		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	---	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 <input type="checkbox"/> Delete 240 CRANDON BLVD STE 167 KEY BISCAYNE FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROTO, MARILYN <input type="checkbox"/> Delete 240 CRANDON BLVD STE 167 KEY BISCAYNE FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROTO, OTTO <input checked="" type="checkbox"/> Delete 240 CRANDON BLVD STE 167 KEY BISCAYNE FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZARRAGA, MONICA <input type="checkbox"/> Delete 240 CRANDON BLVD STE 167 KEY BISCAYNE FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZARRAGA, JORGE <input type="checkbox"/> Delete 240 CRANDON BLVD STE 167 KEY BISCAYNE FL 33149	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	4/26/04	(305) 361-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #