

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 2730 SW 3 AVE SUITE 600 MIAMI, FL 33129	Mailing Address 2730 SW 3 AVE SUITE 600 MIAMI, FL 33129
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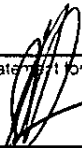
01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0052941	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BORROTO, WILFREDO 2730 SW 3 AVE # 600 MIAMI, FL 33129

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IN THIS SPACE**

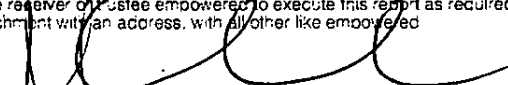
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 	DATE: 4/18/08	
Signature typed or printed name of registered agent and fee (if applicable)	(NOTE: Registered Agent signature required when existing)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORROTO, WILFREDO 2730 SW 3 AVE # 600 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORROTO, MARILYN 2730 SW 3 AVE, # 600 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZARRAGA, MONICA 2730 SW 3 AVE, # 600 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZARRAGA, JORGE 2730 SW 3 AVE, #600 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/08-80005-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE: 4/18/08	Daytime Phone: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	Daytime Phone