

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90017 030 ***150.00

DOCUMENT # P02000133009 1. Entity Name BLOT ENTERPRISE INC																							
Principal Place of Business 5660 W ATLANTIC 105 DELRAY BEACH, FL 33824		Mailing Address 5660 W ATLANTIC 105 DELRAY BEACH, FL 33824																					
2. Principal Place of Business 5610 W. Atlantic ave Suite, Apt. #, etc. # 204		3. Mailing Address 5610 W. Atlantic ave Suite, Apt. #, etc. # 204																					
City & State Delray Beach FL Zip 33484 Country USA		City & State Delray Beach FL Zip 33484 Country USA																					
4. FEI Number 68-0532504		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 BLOTT, CARL 5660 W ATLANTIC #105 DELRAY BEACH, FL 33824		7. Name and Address of New Registered Agent Name Carl Blot Street Address (P.O. Box Number is Not Acceptable) 5610 W. Atlantic ave #204 City Delray Beach FL Zip Code 33484																					
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 5-13-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P BLOT, CARL H</td> <td>5660 W ATLANTIC #105</td> <td>DELRAY BEACH, FL 33824</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		P BLOT, CARL H	5660 W ATLANTIC #105	DELRAY BEACH, FL 33824		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P Blot, Carl H.</td> <td>5610 W. Atlantic ave</td> <td>Delray Beach FL 33484</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		P Blot, Carl H.	5610 W. Atlantic ave	Delray Beach FL 33484	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					
5-13-04		(954) 274-5722 <small>Date Daytime Phone #</small>																					