

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90026 019 \*\*\*150.00

DOCUMENT # P03000024912

1. Entity Name  
BLANCO THERAPY SERVICE'S, INC.



Principal Place of Business  
530 W. PARK DR., #205  
MIAMI, FL 33172

Mailing Address  
530 W. PARK DR., #205  
MIAMI, FL 33172

54061682



2. Principal Place of Business  
1331 SW 109 PASSAGE

3. Mailing Address  
1331 SW 109 PASSAGE

07092004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
109

Suite, Apt. #, etc.  
109

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number  
13-4244716

Applied For  
Not Applicable

Zip  
33174

Country

Zip  
33174

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, LILIANA  
530 W. PARK DR., #205  
MIAMI, FL 33172

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BLANCO, LILIANA  
STREET ADDRESS 530 W. PARK DR., #205  
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-09/2004 (305) 226-6976

Date

Daytime Phone #

Attachment 54061682

**BLANCO THERAPY SERVICES, INC.**

**1331 SW 104 Passage**

**Suite 109**

**Miami, FL 33174**

**Tel. (305) 226-6976**

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July 9, 2004

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION

RE: ~~BLANCO THERAPY SERVICES, INC.~~  
DOCUMENT #: P03000024912

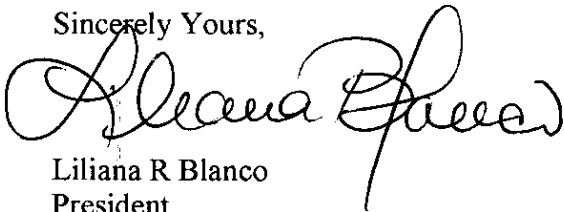
To whom it may concern:

We moved and we never received any notice of 2004 Uniform Business Report and for this reason we were not able to send this report on time. Please waive any penalties because this is our first year filing and we were not aware of this report.

Attached you will find our 2004 Uniform Business Report and a check for \$150.00 to pay ANNUAL REPORT of 2004.

Any questions or concerns feel free to contact us.

Sincerely Yours,



Liliana R Blanco  
President