


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90134 028 \*\*\*158.75

<b>DOCUMENT # P03000136817</b> 1. Entity Name <b>BLANCO CAFE INC.</b>					
Principal Place of Business <b>4 FOREST BREEZE COURT FORT WALTON BEACH, FL 32547 US</b>			Mailing Address <b>4 FOREST BREEZE COURT FORT WALTON BEACH, FL 32547 US</b>		
2. Principal Place of Business <b>1654 TRIANGLE PALM TERRACE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>PO BOX 111025</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>90-0122689</b>	
Zip <b>34119</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TASSIN, LORRAINE 4 FOREST BREEZE COURT FORT WALTON BEACH, FL 32547</b>			7. Name and Address of New Registered Agent Name <b>CLAUDIA VARGAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1654 TRIANGLE PALM TERRACE</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34119</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: <u><i>Claudia Vargas</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/30/2004</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BLANCO, ROBERT SR</b> <b>30 MEADOW COURT</b> <b>MANORVILLE, NY 11949</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BLANCO, ROBERT SR</b> <b>1654 TRIANGLE PALM TERRACE</b> <b>NAPLES, FL 34119</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BLANCO, MIRIAM</b> <b>30 MEADOW COURT</b> <b>MANORVILLE, NY 11949</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BLANCO, MIRIAM</b> <b>1654 TRIANGLE PALM TERRACE</b> <b>NAPLES, FL 34119</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Robert Blanco</i></u> , <b>ROBERT BLANCO, P</b> <u>4/30/2004</u> <b>2392540051</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04292004 Chg-P CR2E034 (10/03)