


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90051 016 \*\*\*158.75

<b>DOCUMENT # P04000034867</b> 1. Entity Name <b>BLEO HOME &amp; OFFICE MAINTENANCE, INC.</b>					
Principal Place of Business <b>3330 NORTHWEST 43RD TERRACE</b> <b>LAUDERDALE LAKES, FL 33319 US</b>			Mailing Address <b>3330 NORTHWEST 43RD TERRACE</b> <b>LAUDERDALE LAKES, FL 33319 US</b>		
2. Principal Place of Business <b>3330 NW 43rd Terrace</b> Suite, Apt. #, etc.		3. Mailing Address <b>3330 NW 43rd Terrace</b> Suite, Apt. #, etc.			
City & State <b>Lauderdale Lakes, FL</b> Zip <b>33319</b> Country <b>US</b>		City & State <b>Lauderdale Lakes, FL</b> Zip <b>33319</b> Country <b>US</b>		02032005 Chg-P CR2E034 (10/03)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
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>BECKFORD, LEO G JR.</b> <b>3330 NORTHWEST 43RD TERRACE</b> <b>LAUDERDALE LAKES, FL 33319</b>			7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	<b>PTS</b> <b>BECKFORD, LEO G JR.</b> <b>3330 NORTHWEST 43RD TERRACE</b> <b>LAUDERDALE LAKES, FL 33319</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>Leo G. Beckford, Jr.</i> LEO G. BECKFORD, JR. 2/3/05 - 954/873-3479</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					