

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)

DOCUMENT # P04000072010

1. Entity Name

BLANCHFLOWER, INC.



Principal Place of Business

PO BOX 840009
HOLLYWOOD FL 33084

Mailing Address

PO BOX 840009
HOLLYWOOD FL 33084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1100276

(Applied For)

(Not Applicable)

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

FERRANDO, ANDREA
1000 NORTH HIATUS ROAD
PEMBROKE PINES FL 33026

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 2
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FERRANDO, ANDREA
STREET ADDRESS 1000 NORTH HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Add
NAME **UN0000428783**
STREET ADDRESS **02/21/06-80062-009 150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDREA FERRANDO DIRECTOR 2/6/06