


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90031 020 ***150.00

DOCUMENT # P04000072010 1. Entity Name BLANCHFLOWER, INC.					
Principal Place of Business 1000 NORTH HIATUS ROAD PEMBROKE PINES, FL 33026			Mailing Address PO BOX 840009 HOLLYWOOD, FL 33084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1100276	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRANDO, ANDREA 1000 NORTH HIATUS ROAD PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11011 SHERIDAN STREET SUITE #310 City Cooper City FL Zip Code 33026		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRANDO, ANDREA 1000 NORTH HIATUS ROAD PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11011 SHERIDAN STREET SUITE #310 Cooper City, FL 33026	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/31/08 (786) 276-7128 <small>Date Daytime Phone #</small>		

40016406



01082008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1100276 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FERRANDO, ANDREA
~~1000 NORTH HIATUS ROAD~~
~~PEMBROKE PINES, FL 33026~~

Name
Street Address (P.O. Box Number is Not Acceptable)
11011 SHERIDAN STREET SUITE #310
City **Cooper City** **FL** Zip Code **33026**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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