
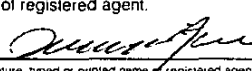


**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

50055744

<b>DOCUMENT # P04000100352</b>						07-18-2005 90045 008 ***150.00	
1. Entity Name <b>BLB &amp; TAURO CORPORATION</b>							
Principal Place of Business <b>11284 EDGEWATER CIRCLE WELLINGTON, FL 33414</b>				Mailing Address <b>11284 EDGEWATER CIRCLE WELLINGTON, FL 33414</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>MAZZA-MARTINEZ, TANIA A MS. 11284 EDGEWATER CIRCLE WELLINGTON, FL 33414</b>				7. Name and Address of New Registered Agent Name <b>INGRID B. ESPINETTI</b> Street Address (P.O. Box Number is Not Acceptable) <b>11284 EDGEWATER CIRCLE</b> City <b>WELLINGTON</b> FL <b>33414</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  <b>INGRID B. ESPINETTI</b> DATE <b>07/14/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P.S</b> <input type="checkbox"/> Delete NAME <b>BAENA, INGRID E MR.</b> STREET ADDRESS <b>11284 EDGEWATER CIRCLE</b> CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>				TITLE <b>ESPINETTI, INGRID B.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>GM</b> <input type="checkbox"/> Delete NAME <b>BAENA, BENITO E MR.</b> STREET ADDRESS <b>11284 EDGEWATER CIRCLE</b> CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>BAENA, ALEX L MR.</b> STREET ADDRESS <b>11284 EDGEWATER CIRCLE</b> CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE 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:  <b>INGRID B. ESPINETTI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>07/14/05</b> (561) 667-3768 <small>Daytime Phone #</small>			

ATTACHMENT

50055744

July 14, 2005

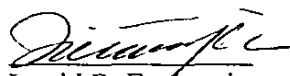
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: ~~BLB & TAURE CORPORATION~~  
P04000100352

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2005 Annual Report. I never received the original notice and I did not know the Corporation was going to be dissolved.

Sincerely,

  
Ingrid B. Espinetti