

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000129883

1. Entity Name
DON BLAS CORPORATION, INC.



Principal Place of Business
12546 SW 84 AVE RD
MIAMI, FL 33156 US

Mailing Address
12546 SW 84 AVE RD
MIAMI, FL 33156 US



02212007 No Chg -P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1634498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RODRIGUEZ, BLAS
12546 SW 84 AVE RD
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, BLAS 12546 SW 84 AVE RD MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTANCUR, MARTITA 12546 SW 84 AVE RD MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, PABLO 12546 SW 84 AVE RD MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80034-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07 786 2852835

Date

Daytime Phone #