

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90005 006 \*\*\*158.75

<b>DOCUMENT # P04000139197</b> 1. Entity Name <b>BLV GROUP INC.</b>					
Principal Place of Business <b>16458 132 TERRACE N JUPITER, FL 33478</b>			Mailing Address <b>16458 132 TERRACE N JUPITER, FL 33478</b>		
2. Principal Place of Business - No P.O. Box # <b>716 SW 1 AVE</b>		3. Mailing Address <b>716 SW 1 AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>POMPAUO BEACH, FL</b>		City & State <b>POMPAUO BEACH, FL</b>		4. FEI Number <b>20-1739742</b>	
Zip <b>33060</b>		Country <b>U.S.</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33060</b>		Country <b>U.S.</b>		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>VELEZ, BLANCO 6921 CYPRESS RD A-20 PLANTATION, FL 33317</b>				7. Name and Address of New Registered Agent Name <b>JOHN VELEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>716 SW 1 AVE</b> City <b>POMPAUO BEACH</b> <b>FL</b> Zip Code <b>33060</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>JOHN VELEZ, PRESIDENT/DIRECTOR</b> DATE <b>01/01/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOWIN FEE IS \$150.00 After May 1, 2008 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>D- VELEZ, BLANCA L</b> <input checked="" type="checkbox"/> Delete <b>6921 CYPRESS RD A-20 PLANTATION, FL 33317</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOHN VELEZ 716 SW 1 AVE POMPAUO BEACH, FL 33060</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>JOHN VELEZ, PRESIDENT/DIRECTOR</b> DATE <b>01/01/08</b> DAYTIME PHONE # <b>954-605-3655</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					