## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000036476

Entity Name: BLEST ENTERPRISE, INCORPORATED

FILED May 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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8610 NORTH SHERMAN CIRCLE PO BOX 246583

106

PEMBROKE PINES, FL 33024 US MIRAMAR, FL 33025

**New Mailing Address: Current Mailing Address:** 

PO BOX 246583 8610 NORTH SHERMAN CIRCLE

PEMBROKE PINES, FL 33024 US

MIRAMAR, FL 33025 US

FEI Number: 04-3808322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, MARCIA DAVIS, MARCIA 8610 NORTH SHERMAN CIRCLE 3815 SW 16 STREET

MIRAMAR, FL 33025 US FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE: MARCIA DAVIS 05/05/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

DAVIS, MARCIA DAVIS, MARCIA Name: Name: 8610 NORTH SHERMAN CIRCLE, #106 PO BOX 246583 Address: Address:

City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33024

Title: VΡ (X) Delete Title: () Change () Addition

Name: DAVIS, LYSTRA Name: 8610 NORTH SHERMAN CIRCLE, #106 Address: Address: MIRAMAR, FL 33025 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

DAVIS, QUINCIE Name: Name: Address: Address

8610 NORTH SHERMAN CIRCLE #106 City-St-Zip: MIRAMAR, FL 33025 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA DAVIS P, D 05/05/2006