2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000141240

1. Entity Name

BLA ÍMPORT & EXPORT CORP



FILED Jul 23, 2007 08:00 AN Secretary of State

Principal Place of Business

2839 COBIA CT Orlando, Fl 32822 Mailing Address

2839 COBIA CT ORLANDO, FL 32822



CR2E034 /11/05\

DO NOT WRITE IN THIS SPACE

| 0/02200/ | NO Crig-r | 0122004 (1 | 01022004 (11/00) | | | |
|---------------|-----------|------------|------------------|--|--|--|
| 4. FEI Number | | | Applied I | | | |

4. FEI Number Applied For 20-3626865 Not Applied For Not Applicable

5. Certificate of Status Desired Sample Required Fee Required

6. Name and Address of Current Registered Agent

BRUZUAL, LAURA I 2839 COBIA CT ORLANDO, FL 32822

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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|--|---|-------------------|--------------------------------------|---------------|--------------------------------|-------------------------------|-------------------------------------|--------------------------------|--|
| 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. U0000779003 97/23/07-99005-07/3-450.00 | | | | | | | | | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and titl | le If applicable. | (NOTE: Registered A | ent signature | required when reinstating) | | DATE | 7 | |
| | LE NOW!!! FEE IS \$150.00 ue by September 14, 2007 | 1 | Campaign Financir d Contribution. | ng 🗆 | \$5.00 May Be Added to Fees | In accordance corporation did | with s. 607.193(not receive the | 2)(b), F.S., the prior notice. | |
| 10. | OFFICERS AND DIRE | ECTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRUZUAL, LAURA I 2839 COBIA CT ORLANDO, FL 32822 | | | | | | · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S AGUILU, MARIA I 2839 COBIA CT ORLANDO, FL 32822 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-Z/P | T BRUZUAL, RONALD 2389 COBIA CT ORLANDO, FL 32822 | , | | | DO | NOT W | /RITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | IN ' | THIS SI | PACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | ٠ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>;</i> | | | | no _t , e | er er | • | | |
| 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. | | | | | | | | | |