

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
May 21, 2008 8:00 am  
Secretary of State

05-21-2008 90018 041 \*\*\*150.00

DOCUMENT # **P0000004300**

1. Entity Name

**Bourbon Street Management Corp**



**5 Utility Dr. Ste 6  
Palm Coast, FL 32137**

**5 Utility Dr  
Palm Coast, FL 32137**

00000000



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. Fee Number  
**84-1702616**

Amount Due

(Not Applicable)

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Victor Blasetti  
10 Flarestone Ct.  
Palm Coast, FL 32137**

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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.

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANHUDDO, FRANK
STREET ADDRESS	164 LARAMIE DR
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	Blasetti, Victor
NAME	10 Flarestone Ct
STREET ADDRESS	Palm Coast, FL 32137
CITY-ST-ZIP	
TITLE	Sanhudo, Mario
NAME	88 Woodhaven Dr
STREET ADDRESS	Palm Coast, FL 32164
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 OF DIRECTOR

**Frank Sanhudo**

**4-28-08**

**386-503-1338**