

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000024302

1. Entity Name  
BOURBON STREET MANAGEMENT CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL -9 AM 11:33

Principal Place of Business  
5 UTILITY DR. STE 6  
PALM COAST, FL 32137

Mailing Address  
5 UTILITY DR.  
PALM COAST, FL 32137

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012008

Chg-P

CR2E034 (12/06)

4. FEI Number

84-1702616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLASETTI, VICTOR  
10 FLORESTONE CT.  
PALM COAST, FL 32137

Name Frank Sanhudo

Street Address (P.O. Box Number is Not Acceptable)  
164 Laramie Dr.

City Palm Coast

FL

Zip Code 32137

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

*Frank Sanhudo*

7/6/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BLASETTI, VICTOR  
STREET ADDRESS 10 FLARESTONE CT  
CITY-ST-ZIP PALM COAST, FL 32137 ☐ Delete

TITLE V  
NAME SANHUDO, FRANK  
STREET ADDRESS 164 LARAMIE DRIVE  
CITY-ST-ZIP PALM COAST, FL 32137 ☐ Delete

TITLE V  
NAME SANHUDO, MARIO  
STREET ADDRESS 164 LARAMIE DRIVE  
CITY-ST-ZIP PALM COAST, FL 32137 ☐ Delete

TITLE D  
NAME BLASETTI, VICTOR  
STREET ADDRESS 10 FLORESTONE CT.  
CITY-ST-ZIP PALM COAST, FL 32137 ☒ Delete

TITLE D  
NAME SANHUDO, MARIO  
STREET ADDRESS 88 WOODHAVEN DR.  
CITY-ST-ZIP PALM COAST, FL 32164 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition  
NAME 400132921374  
STREET ADDRESS 07/15/08--01005--006 \*\*\$1.25  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 88 Woodhaven Dr  
CITY-ST-ZIP Palm Coast, FL 32164

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/2008 38-503-1338