2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
04-19-2007 90409 030 ***150.00

DOCUMENT # P06000083505

1. Entity Name
BLL, INC

CC015965

Principal Place of Business	Mailing Address
4400 NORTH FEDERAL HWY 122 BOCA RATON, FL 33431	4400 NORTH FEDERAL HWY 122 BOCA RATON, FL 33431

03302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3021 N.E. 46 STREET	3021 NE 46 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FLA.	City & State: FORT LAUDERDALE, FLA.
Zip: 33308 Country: BROWARD	Zip: 33308 Country: BROWARD

4. FEI Number 20-5119035 ☐ 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
MANCINO, MICHELE 4400 NORTH FEDERAL HWY 122 BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Janice Lembo — 4-13-07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DIR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MANCINO, MICHELE		NAME	
STREET ADDRESS	4400 NORTH FEDERAL HWY		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	
TITLE	DIR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEMBO, JANICE		NAME	
STREET ADDRESS	4400 NORTH FEDERAL HWY		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Janice Lembo — 4-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #