

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 015 ***150.00

DOCUMENT # P06000104564

1. Entity Name
BKLYN, INC



Principal Place of Business
**3515 PUG MILL ROAD
SUITE A
KISSIMMEE, FL 34741 US**

Mailing Address
**3515 PUG MILL ROAD
SUITE A
KISSIMMEE, FL 34741 US**

2. Principal Place of Business - No P.O. Box #
1198 GREENSKEEP DR
Suite, Apt. #, etc.

3. Mailing Address
P.O. 421992
Suite, Apt. #, etc.

City & State
KISSIMMEE FL
Zip
34741 Country
U.S.

City & State
KISSIMMEE FL
Zip
34742 Country
U.S.

03232007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5365587

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUIZ, MARCO
1913 REEF CLUB DRIVE
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name

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

2005 WALLY TERRACE

City

KISSIMMEE

FL

Zip Code

34741

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

Marco Ruiz

3/23/07

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

TITLE **P** ☐ Delete
NAME **RUIZ, MARCO**
STREET ADDRESS **1913 REEF CLUB DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **VP** ☒ Delete
NAME **RUIZ BENN, JESSICA**
STREET ADDRESS **2383 AKERS MILL ROAD APT H17**
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **MARCO RUIZ**
STREET ADDRESS **2005 WALLY TERRACE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *MR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

Date

407 556-7991

Daytime Phone #