


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90094 007 ***150.00

DOCUMENT # P06000144185					
1. Entity Name B & L PROFESSIONAL SERVICES, INC.					
Principal Place of Business 3637 DAVIS ROAD LAKE WORTH, FL 33461			Mailing Address 3637 DAVIS ROAD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box # 64 HOLIDAY DRIVE Suite, Apt. #, etc.		3. Mailing Address 64 HOLIDAY DR. Suite, Apt. #, etc.			
City & State LAKE WORTH FL Zip 33461 Country USA		City & State LAKE WORTH FL Zip 33461 Country USA		4. FEI Number 20-5900142 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MEJIA, LORENA S 3637 DAVIS ROAD 64 HOLIDAY DR. LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MEJIA, LORENA S STREET ADDRESS 3637 DAVIS ROAD CITY-ST-ZIP LAKE WORTH, FL 33461	<input type="checkbox"/> Delete		TITLE D NAME BERNARDO MEJIA STREET ADDRESS 64 HOLIDAY DR. CITY-ST-ZIP LAKE WORTH FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME MEJIA, LORENA S. STREET ADDRESS 64 HOLIDAY DRIVE CITY-ST-ZIP LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>X Lorena Mejia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-26-2007 (561) 598-0920 Date Daytime Phone #		