2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000144185

1. Entity Name
B & L PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
64 HOLIDAY DRIVE	64 HOLIDAY DRIVE
LAKE WORTH, FL 33461	LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

04152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5900162	Not Applicable

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

6. Name and Address of Current Registered Agent

MEJIA, LORENA S
64 HOLIDAY DR.
LAKE WORTH, FL 33461

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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	MEJIA, LORENA S
STREET ADDRESS	64 HOLIDAY DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D
NAME	MEJIA, BERNARDO
STREET ADDRESS	64 HOLIDAY DR.
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/08-80036-019 150.00

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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: _Lorena Mejia_ _DIRECTOR_ _4-11-2008_ _561 598-0920_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #