2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 28, 2007 8:00 am Secretary of State DOCUMENT # P06000148457 02-22-2007 90027 006 ***150.00 1. Entity Name BLE, INC. Principal Place of Business Mailing Address 2500 NW 79TH AVENUE 2500 NW 79TH AVENUE 134 134 EL DORAL, FL 33122 EL DORAL, FL 33122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03192007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-5956369 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESTRADA, BORIS Street Address (P.O. Box Number is Not Acceptable) **4620 SW 82ND PLACE** MIAMI, FL 33155 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent a gnature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIILE TIFLE Change ☐ Addition Collete ESTRADA, BORIS L NAME NAME 4620 SW 82ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP Delete TITLE THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-2IP CHY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-2IP 12. Thereby 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

FILED

2007 FOR PROFIT CORPORATION '

2/22/2007-90027-006-\$150.00-\$150.00

| ANNUAL REPURT | | | | | | | | | | |
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| DOCUMENT # P06000148457 1. Entity Name BLE, INC. | | | | | ATTACHMENT 66006936 | | | | | |
| Principal Place | of Business | Mailing Address | Malling Address | | - | - | | | | |
| 2500 NW 79TH AVENUE | | 2500 NW 79TH AVENUE | | | | | | | | |
| 134 EL DORAL, FL 33122 | | 134 El Doral, fl. 33122 | | | • | | | | | |
| EL BORNE, I E 33122 | | EL DOINE, IL GUILL | | | ETA CILA CANA TANA | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02082007 | Chg-P | CR2E03 | 34 (12/06) | | | |
| City & State | | City & State | | | 4. FEI Number | | | <u> </u> | oplied For ot Applicable | |
| Zip | Country | Zip | Count | | 5. Certificate o | Status Desired | | 8.75 Add | | |
| = | 6. Name and Address of Current | 7. Name and Address of New Registered Agent Name | | | | | | | | |
| ESTRADA, BORIS | | | Name | | | | | | | |
| 4620 SW 8 | 2ND PLACE | Street Address | | | P.O. Box Number | is Not Acceptable |) | | | |
| MIAMI, FL 33155 | | | | | | | | | | |
| | | | | City | FL Zip Code | | | | 8 | |
| The above named entity submits this statement for the purpose of changing its registers | | | | d office or register | | | | | | |
| the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | |
| Signature, typed as pursed name of registated agent and toe if sophicable. (NOTE: Registered Agent agrapture required when rentstating) OATE | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing . \$5.00 May Be Added to Fees | | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | CERS AND | DIRECTOR | S IN 11 | |
| TIPLE | Р | ☐ Delete | TITE | | | | | Change | Addition | |
| HAME | ESTRADA, BORIS L | , ** | HAM | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 4620 SW 82ND PLACE MIAMI, FL 33155 | • | | ET ADORESS -ST-ZIP | | | | | | |
| TITLE | · | ☐ Delete | HIL | | | | ··· | Change | Addition | |
| NAME | i | | HAM | £ | | | | _ • | _ | |
| STREET ADDRESS | | | | ET ADDRESS - ST - ZIP | | | | | | |
| | | | - | | | | | / Change | - Addison | |
| NAME | | Dotete | YITU NAM | - 1. | | | | Change | Addition — | |
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| STREET ADDRESS | | | HAM STRE | EI ADORESS | | | | | | |
| CITY-ST-ZIP | 1 | | | - \$1 - ZIP | | | | | | |
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| NAME | | | NAM | | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS -ST-ZIP | | | | | | |
| 12. I hereby o | L | th this filing does not qualify to | or the axe | emptions contained | I in Chapter 119. | Florida Statutes. I | further certif | y that the in | ntormation | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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 | | | | | | | | | | |
| SIGNAT | URF. | K | | | 2/3/1 | 02 | | | | |