2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

1. Enlity Nam	MENT # P070000 BLE DESIGN CORP.				04-28-2008	90372 026 ***1	58.75	
Principal Place of Business Mailing Address					√ 4yyuu			
48 BAHAMA		48 BAHAMA AVENUE			}			
KEY LARGO.			KEY LARGO, FL 33037					
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			,					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<i>:</i> •			\$ 	
Suite, Apt. #. etc.		Cuito Apt et alo	Suite, Apt. #, etc.		-			
Suite, Apt. #. etc.		Scale, Apt. W. etc.	Guite, Apr. II, etc.		04122008	Chg-P	CR2E034 (12/06	3)
City & State		City & State	City & State		4. FEI Numbe	er , _		Applied For
		'			74-	391人27	ナ	Not Applicable
Zip	Country Zip Co		Countr	у	5 Certificate	of Status Desired	¥€\ \$8.75 A	
			<u> </u>		<u> </u>	***	7 Fee Requ	ired
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New F	Registered Agent	
ECONANG	NE7 A7ADA	I	Name					
FERNANDEZ, LAZARO 48 BAHAMA AVENUE				Street Address	(P.O. Box Numb	er is Not Acceptabl	e)	
	GO, FL 33037							
1								
	* ~			City			FL Zip C	ode
R The phone	named online committee this statemen	A tor the purpose of changing its	registara	d office or registe	red agent or bol	the in the State of El		th and accept
8. The above named entity sybmits 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.								
A hope hand								
SIGNATURE	Storyetury, typer/or printed name of registured :	agent and tyle if applicable. (NOT	d when reinstating)		DATE			
Sportruit, typerfor privited name or refrietd name or refrietd agent and see it 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 \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS A	AND DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	DRS IN 11
TITLE	Р	Delete III					☐ Chang	e 🔲 Addition
NAME	FERNANDEZ, LAZARO	· · · · · · · · · · · · · · · · · · ·		j				
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CITY-ST-ZIP			CITY-S	I				
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NAME			NAME	T ADDRESS				
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		По	TITLE		··	 _	☐ Chang	e Addition
NAME			NAME				Orlang	
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CITY-ST-ZIP				ST-ZIP				
12. I hereby	certify that the information supplied	with this filing does not qualify for	for the exer	mptions containe	d in Chapter 119	9, Florida Statutes	I further certify that th	e information
12. I hereby certify that the information supplied with this filling 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 true segembowered to expluse 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 all other like empowered.								
changed, or on an attachment with an address, with all other like empowered.								
Language of the total of the to								
SIGNATURE: Typh flugger								