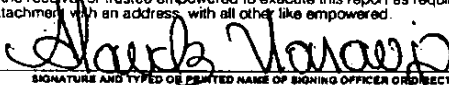


FILED
Mar 21, 2008 8:00 am
Secretary of State

02-27-2008 90005 044 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000096657			
1. Entity Name BLANFERR GLOBAL SYSTEM, CORP.			
Principal Place of Business 20901 SW 103 PLACE MIAMI, FL 33189		Mailing Address 20901 SW 103 PLACE MIAMI, FL 33189	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SANCHEZ, ALEXANDRA 20901 SW 103 PLACE MIAMI, FL 33189		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 _____ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2008	
TITLE: ☐ PD ☐ Delete NAME: SANCHEZ, ALEXANDRA STREET ADDRESS: 20901 SW 103 PLACE CITY-ST-ZIP: MIAMI, FL 33189		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ 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: 		02/22/2008 305-2515822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

2

66004670



02202008 Chg-P CR2E034 (12/08)

4. FEI Number **26-0805265** Applied For
Not Applicable

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