

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **P96000074714**

1. Entity Name

**E. BLEY REAL ESTATE INVESTMENT  
AND TRADE INC.**



**FILED**

09 JUN 22 AM 5:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**442 PENNSYLVANIA AV.**

3. Mailing Address

**942 PENNSYLV. AVE**

Suite, Apt. #, etc.

**# 207**

Suite, Apt. #, etc.

**# 201**

City & State

**MIAMI BEACH, FL.**

City & State

**MIAMI BEACH, FL.**

Zip

**33139**

Country

**DADE**

Zip

**33139**

Country

**DADE**

**400152781914**

**4/27/09 01013 018 \$150.00**

4. EEI Number

**65-0824976**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **BLEY Eckhard**

Street Address (P.O. Box Number is Not Acceptable) **942 PENNSYLVANIA AV, #201**

City **MIAMI BEACH**

**FL**

Zip Code **33139**

**DO NOT WRITE  
IN THIS SPACE**

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

*Bley*

**E. BLEY, PRES. of INC.**

**4-15-09**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRES,  
BLEY Eckhard  
942 PENNSYLVANIA AV #205  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bley*

**E. BLEY, PRES**

**4-15-09**

**305-531-0926**

**786-287-9270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #