2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P97000106578 1. Entity Name 04-05-2004 90405 025 ***150.00 BLASINA CORP. Principal Place of Business Mailing Address 136 CYPRESS ROAD 136'S CYPRESS ROAD #326 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address 4505 W. ATLANTIC 4505 W. ATlantic CR2E034 (11/03) 4. FEI Number Applied For 65-0861887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33066 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -CASTILLO, VICTOR 136 S CYPRESS ROAD #326 YLease Note POMPANO BEACH FL 33060 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE VICTOR 4505 W. ATLANTIC BLVd # 1604 CASTILLO, VICTOR NAME NAME 136 S CYPRESS ROAD #326 STREET ADDRESS STREET ADDRESS OCONUT CREEK Fl CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP CASTILLO KaTHLEEN Change U 4505 W. ATLANTIC BLUD # 1604 ☐ Delete D۷ ☐ Addition TITLE TITLE NAME CASTILLO, KATHLEEN NAME STREET ADDRESS 136 S CYPRESS ROAD #326 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 Block 11 if CLOR CAST, LLO President SIGNATURE:

FILED