

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90011 029 \*\*\*150.00

**DOCUMENT # P97000106578**

1. Entity Name

BLASINA CORP.



Principal Place of Business

1812 SUPERIOR CT.  
KISSIMMEE FL 34759

Mailing Address

1812 SUPERIOR CT.  
KISSIMMEE FL 34759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

CASTILLO, VICTOR  
4505 W. ATLANTIC BLVD #1604  
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

VICTOR CASTILLO

Street Address (P.O. Box Number is Not Acceptable)

1812 Superior CT

City

KISSIMMEE

FL

Zip Code

34759

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 re-stating)

DATE

3/10/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**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 P ☒ Delete  
NAME CASTILLO, VICTOR  
STREET ADDRESS 4505 W ATLANTIC BLVD #1604  
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE DV ☒ Delete  
NAME CASTILLO, KATHLEEN  
STREET ADDRESS 4505 W. ATLANTIC BLVD #1604  
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME VICTOR CASTILLO  
STREET ADDRESS 1812 Superior CT  
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE DV ☒ Change ☐ Addition  
NAME KATHLEEN CASTILLO  
STREET ADDRESS 1812 Superior CT  
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

VICTOR CASTILLO

Victor Castillo

Date

3/10/06

Daytime Phone #

863 427 9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR