


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000038822

1. Entity Name  
 BL & DE CORP.



Principal Place of Business      Mailing Address

4500 SW 4TH ST                      4500 SW 4TH ST  
 MIAMI, FL 33134                      MIAMI, FL 33134

**DO NOT WRITE IN THIS SPACE**



04192006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0830869      Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, DENIA H  
 4500 SW 4 ST  
 MIAMI, FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, BLAS U
STREET ADDRESS	4500 S.W. 4TH ST
CITY - ST - ZIP	MIAMI, FL 33134
TITLE	STD
NAME	RODRIGUEZ, DENIA H
STREET ADDRESS	4500 S.W. 4TH ST
CITY - ST - ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/05/06-80095-005 150.00

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: *Blas Rodriguez*      Date: 04/19/06      Daytime Phone #: 305 444 8262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR