

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90025 044 ***158.75

DOCUMENT # P98000075929	
1. Entity Name BLW MECHANICAL ESTIMATING & DESIGN, INC.	

Principal Place of Business 14725 M. MIA AVE. N. MIAMI, FL 33168	Mailing Address 14725 M. MIA AVE. N. MIAMI, FL 33168
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2. Principal Place of Business - No P.O. Box # 5925 Ravenswood Rd.	3. Mailing Address 5925 Ravenswood Rd.
Suite, Apt. #, etc. Unit D # 16	Suite, Apt. #, etc. Unit D # 16
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33312	Country USA



01152008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0863575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALCOFF, BARTON L 14725 M. MIA AVE. N. MIAMI, FL 33168	
7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 5925 Ravenswood Rd Unit D # 16 City Fort Lauderdale FL Zip Code 33312	

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 *Barton L Walcott* (NOTE: Registered Agent signature required when reinstating) DATE *4/23/08*
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALCOFF, BARTON L 14724 N. MIA. AVE. MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALCOFF, BARTON L 5925 Ravenswood Rd Unit D # 16 Fort Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barton L Walcott* *4/23/08* *954 364-4261*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #