

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078019

FILED
Sep 03, 2007
Secretary of State

Entity Name: BLACKWELDERS OF CORAL GABLES, INC.

Current Principal Place of Business:

401 MIRACLE MILE
105
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

331 DEER RUN
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-0863598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, MATT D ESQ.
1450 MADRUGA AVENUE
SUITE 203
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEEKS, CINDY
Address: 17990 ANCHOR DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: SHEA, BARBARA
Address: 331 DEER RUN
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHEA

D

09/03/2007

Electronic Signature of Signing Officer or Director

Date