


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000046786
 1. Entity Name
 BLANCK TRUST CORPORATION



Principal Place of Business: 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143
 Mailing Address: 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0991688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BLANCK, ROBERT W
 5730 SW 74 STREET SUITE 700
 MIAMI, FL 33143

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCK, ROBERT W 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROLOLANTE, DEBRA 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLANCK, CYNTHIA 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANCK, BARBARA 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/08/04-80018-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Blance **ROBERT BLANCE** 4/15/04 305-663-077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #