


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000046786 1. Entity Name BLANCK TRUST CORPORATION	
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Principal Place of Business 5730 SW 74 STREET SUITE 700 MIAMI FL 33143	Mailing Address 5730 SW 74 STREET SUITE 700 MIAMI FL 33143
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0991688	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLANCK, ROBERT W 5730 SW 74 STREET SUITE 700 MIAMI FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	
TITLE	PD BLANCK, ROBERT W <input type="checkbox"/> Delete STREET ADDRESS 5730 SW 74 STREET SUITE 700 CITY-ST-ZIP MIAMI FL 33143
TITLE	VD ROTOLANTE, DEBRA <input type="checkbox"/> Delete STREET ADDRESS 5730 SW 74 STREET SUITE 700 CITY-ST-ZIP MIAMI FL 33143
TITLE	TD BLANCK, CYNTHIA <input type="checkbox"/> Delete STREET ADDRESS 5730 SW 74 STREET SUITE 700 CITY-ST-ZIP MIAMI FL 33143
TITLE	SD BLANCK, BARBARA <input type="checkbox"/> Delete STREET ADDRESS 5730 SW 74 STREET SUITE 700 CITY-ST-ZIP MIAMI FL 33143
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100000230183 04/06/05-80052-020 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 files empowered.

SIGNATURE: 	Date 4/5/05	Daytime Phone #
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