

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000046786  
 1. Entity Name  
 BLANCK TRUST CORPORATION



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



01042007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0991688	Applied For Not Applicable
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5. Certificate of Status Desired  \$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

**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, 2007 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 ROTOLANTE, 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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**DO NOT WRITE IN THIS SPACE**

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 of or like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

Date

305-663-0177

Daytime Phone #