



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90022 022 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 8820 SW 131 St Suite, Apt. #, etc.		3. Mailing Address 8820 SW 131 St Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
4. FEI Number 65-0991688		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03182008 Chg-P CR2E034 (12/06)	
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 Robert W. Blanck Street Address (P.O. Box Number is Not Acceptable) 8820 SW 131 St City Miami FL Zip Code 33176	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCK, ROBERT W 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTOLANTE, DEBRA 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rotolante, Debra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8820 S.W. 131 St. Miami FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLANCK, CYNTHIA 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blanck, Cynthia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8820 SW 131 St Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANCK, BARBARA 5730 SW 74 STREET SUITE 700 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blanck, Barbara <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8820 SW 131 St Miami FL 33176
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
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: 		Date: 3/18/08 Daytime Phone #: 305-254-0000 ext 16	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	