MAR-25-2005 13:10 DMHB

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Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90045 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000083467

1. Entity Name
BLEAV OF PORT ST. LUCIE, INC.

Principal Place of Business
1564 S.E. FLORESTA DR.
PT. ST. LUCIE, FL 34952

Mailing Address
1564 S.E. FLORESTA DR.
PT. ST. LUCIE, FL 34952

50032363

03252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: 1102 SE MENDOZA AVE
Suite, Apt. #, etc.
City & State: PORT ST. LUCIE, FL
Zip: 34952 Country: USA

4. FEI Number: 65-0962082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANCACCIO, ALBERT
1564 S.E. FLORESTA DR.
PT. ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name: GENE BRANCACCIO
Street Address (P.O. Box Number is Not Acceptable): 1102 SE MENDOZA AVE
City: PORT ST. LUCIE FL Zip Code: 34952

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: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PVST BRANCACCIO, ALBERT 1102 S.E. MENDOZA AVE. PT ST. LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSTD GENE BRANCACCIO 1102 SE MENDOZA AVE ~~PORT ST. LUCIE, FL 34952~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANCACCIO, ALBERT 1102 S.E. MENDOZA AVE. PT ST. LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #