2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V14890

1. Entity Name
B & L VENTURE, INC.

Principal Place of Business	Mailing Address
1920 E. HALLANDALE BCH. BLVD SUITE 906 HALLANDALE, FL 33009	1920 E. HALLANDALE BCH BLVD SUITE 906 HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

01152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0313952	Not Applicable

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

6. Name and Address of Current Registered Agent

LIPSON, ARTHUR E
1920 E. HALLANDALE BEACH BLVD
SUITE 906
HALLANDALE, FL 33009

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, 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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000103661 04/05/04-80065-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ARTHUR, LIPSON E
STREET ADDRESS	1920 E. HALLLANDALE BEACH BLVD. SUITE 906
CITY-ST-ZIP	HALLLANDALE, FL 33009

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   4/2/04   (954) 454-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ARTHUR E. LIPSON, Pres.