

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000100013

Entity Name: BPAOFFL, INC.**Current Principal Place of Business:**225 55TH AVE
ST. PETE BEACH, FL 33706**Current Mailing Address:**225 55TH AVE
ST. PETE BEACH, FL 33706 US**FEI Number:** 80-0821959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALBERT, BELINDA M
225 55TH AVE
ST. PETE BEACH, FL 33706 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ALBERT, BELINDA M
Address	225 55TH AVE
City-State-Zip:	ST. PETE BEACH FL 33706

Title	T
Name	ALBERT, BELINDA M
Address	225 55TH AVE
City-State-Zip:	ST. PETE BEACH FL 33706

Title	D
Name	ALBERT, BELINDA M
Address	225 55TH AVE
City-State-Zip:	ST. PETE BEACH FL 33706

Title	VP
Name	ALBERT, PHILLIP FSR
Address	225 55TH AVE
City-State-Zip:	ST. PETE BEACH FL 33706

Title	S
Name	ALBERT, PHILLIP FSR
Address	225 55TH AVE
City-State-Zip:	ST. PETE BEACH FL 33706

Title	D
Name	ALBERT, PHILLIP FSR
Address	225 55TH AVE
City-State-Zip:	ST. PETE BEACH FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BELINDA ALBERT**PRESIDENT****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date