

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000037140

**Entity Name:** BLISK CORP

**Current Principal Place of Business:**

35 KIBBEE ST.  
HAWKINSVILLE, GA 31036

**Current Mailing Address:**

35 KIBBEE STREET  
HAWKINSVILLE, GA 31036 US

**FEI Number:** 85-2694214

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GOLDBERG, SHALOM  
270 SW NATURA AVE  
DEERFIELD BEACH, FL 33441 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 SECRETARY  
Name ARROW, EILEEN  
Address 35 KIBBEE STREET  
City-State-Zip: HAWKINSVILLE GA 31036

Title CHAIRMAN  
Name GOLDBERG, SHALOM  
Address 35 KIBBEE ST.  
City-State-Zip: HAWKINSVILLE GA 31036

Title DIRECTOR  
Name HOTTOWE, DAN  
Address 35 KIBBEE STREET  
City-State-Zip: HAWKINSVILLE GA 31036

Title DIRECTOR  
Name BERGER, KEITH  
Address 35 KIBBEE ST.  
City-State-Zip: HAWKINSVILLE GA 31036

Title DIRECTOR  
Name GARFINKLE, TERRY MD, MBA  
Address 35 KIBBEE ST.  
City-State-Zip: HAWKINSVILLE GA 31036

*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: SHALOM GOLDBERG**

**CHAIRMAN**

**04/24/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date