


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000616

1. Entity Name
BLACK BUSINESS CAPITAL FINANCING CORPORATION



Principal Place of Business 315 E. ROBINSON ST. SUITE 660 ORLANDO, FL 32801	Mailing Address 315 E. ROBINSON ST. SUITE 660 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3179911	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LONG, INEZ
315 E. ROBINSON STREET
SUITE 660
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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: *Inez Long* DATE: 4/15/04

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

DATE: 05/04/04-80116-024 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, INEZ 315 E. ROBINSON ST., SUITE 222 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, FRANK 315 E ROBINSON ST, 222 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISSEN, GODWIN 315 E ROBINSON ST, 222 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUKWU, LAWRENCE 315 E ROBINSON STREET STE 222 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Inez Long* DATE: 4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sign & Date

Sign & Date