

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N93000000616

Entity Name: BLACK BUSINESS CAPITAL FINANCING CORPORATION

**Current Principal Place of Business:**

315 E. ROBINSON ST.  
SUITE 660  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

315 E. ROBINSON ST.  
SUITE 660  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 59-3179911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

THE FLORIDA LAW FIRM  
1990 WEST FAIRBANKS AVE  
WINTER PARK, FL 32789 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHUKWU, LAWRENCE  
Address: 315 EAST ROBINSON ST SUITE 660  
City-St-Zip: ORLANDO, FL 32801 US

Title: D ( ) Delete  
Name: BOSCH, SUSAN  
Address: 315 EAST ROBINSON ST SUITE 660  
City-St-Zip: ORLANDO, FL 32801 US

Title: D ( ) Delete  
Name: REDDICK, ALZO  
Address: 315 E. ROBINSON ST., SUITE 660  
City-St-Zip: ORLANDO, FL 32801 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INEZ LONG

Electronic Signature of Signing Officer or Director

DIR

04/30/2009

\_\_\_\_\_ Date