2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90288 032 ***150.00

DOCUMENT # K87211 1. Entity Name BLACKONE, CORP.			04-30-2004 90288 032 ** 130.00
Principal Place of Business % IOSE PICO 8601 SW 75 ST MIAMI, FL 33143	Mailing Address 8770 SW 72 STREET #382 MIAMI, FL 33173)
2. Principal Place of Business 2238 W 3 AVE	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04222004 Chg-P CR2E034 (10/03)
City & State HIGLEAH FLORIDA	City & State		4. FEI Number Applied For 65-0115946 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
PICG, JOSE 8601.SW 75 ST MIAMI, FL 33143		City	7. Name and Address of New Registered Agent JOSE PiCo s (P.O. Box Number is Not Acceptable) 3.8
8. The above named entity submits this statement to the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	and title if applicable. (NOT	JDSC. E. Registared Agent signature required in the signature required	intered agent, or both, in the State of Florida. I am familiar with, and accept
10. OFFICERS AND TITLE D NAME PICO, JOSE	DIRECTORS Delete	11. TIFLE NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JOSE Co S Change ☐ Addition 8770 S.W. 72 St. #382
STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Mlami, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	n his filing does not qualify for true and accurate and that owered to execute this repor with all other like empowered	or the exemption stated in my signature shall have th t as required by Chapter to d.	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED MAME OF SIGNING OFFICE		0 4-26-2004 305-395-17-6 Date Daytime Phone #