# 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.

VICE-PRESIDENT

## SIGNATURE: GABRIEL VERA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P08000022201

Entity Name: BLACK AND WHITE SERVICES, CORP.

## **Current Principal Place of Business:**

2850 NW 79 AVE 2850 MIAMI, FL 33122

## **Current Mailing Address:**

2850 NW 79 AVE 2850 MIAMI, FL 33122 US

#### FEI Number: 26-2066735

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

SAAD, SEBASTIAN 2850 NW 79 AVE 2850 MIAMI, FL 33122 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
Officer/Director Detail :

Title	Р	Title	VP
Name	SAAD, SEBASTIAN	Name	VERA, GABRIEL
Address	2850 NW 79 AVE 2850 MIAMI FL 33122	Address	6500 NW 114TH AVE APT 1031
City-State-Zip:		City-State-Zip:	MIAMI FL 33178
Title	DIRECTOR		
Name	DE CRESCENZO, LEONARDO J		
Address	2850 NW 79 AVE 2850		
Citv-State-Zip:	MIAMI FL 33122		

Certificate of Status Desired: Yes

FILED Jan 14, 2014 Secretary of State CC2951739377

> 01/14/2014 Date

Date