

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 299985**

1. Entity Name

BLACK ANGUS SYSTEMS, INC.



Principal Place of Business

2124 NE 123RD STREET  
ROOM 205 - SUITE #55  
NORTH MIAMI FL 33181

Mailing Address

O BOX  
771318  
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1152253**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVER, LYNNE  
2124 NE 123RD STREET  
ROOM 205 - SUITE #55  
N MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Delete  
NAME **SILVER, RAUL**  
STREET ADDRESS **2124 NE 123 ST**  
CITY-ST-ZIP **NO. MIAMI FL**

☐ Change ☐ Addition  
U00000086510  
03/12/04-80026-010 150.00

TITLE **PD** ☐ Delete  
NAME **SILVER, LYNNE**  
STREET ADDRESS **2124 NE 123 ST**  
CITY-ST-ZIP **NO. MIAMI FL**

☐ Change ☐ Addition

TITLE **VP** ☐ Delete  
NAME **SILVER, SHERYL**  
STREET ADDRESS **2124 NE 123 ST.**  
CITY-ST-ZIP **NORHT MIAMI FL**

☐ Change ☐ Addition

TITLE **S** ☐ Delete  
NAME **KASTANIAS, NICK**  
STREET ADDRESS **2124 NE 123 ST**  
CITY-ST-ZIP **NO. MIAMI FL**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04 305.890-1120