2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

Feb 11, 2005 8:00 am Secretary of State DOCUMENT # 299985 1. Entity Name 🐔 02-11-2005 90035 019 ***150.00 BLACK ANGUS SYSTEMS, INC. Principal Place of Business Mailing Address 2124 NE 123RD STREET O BOX 40017004 ROOM 205 - SUITE #55 NORTH MIAMI FL 33181 771318 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1152253 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVER, LYNNE Street Address (P.O. Box Number is Not Acceptable) **2124 NÉ 123RD STREET ROOM 205 - SUITE #53** N MIAMI FL 33181 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 70 4 SCCR Change ☐ Addition TITLE TD TITLE ☐ Delete SILVER PAUL SILVER, RAUL NAME NAME 2124 NE 123 ST STREET ADDRESS STREET ADDRESS HAZIGIZZ JOU HUI CT NO. MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Bruce Lynux 11111 Biscarge No Migni Fi NAME SILVER, LYNNE NAME 2124 NE 123 ST STREET ADDRESS STREET ADDRESS NO. MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE Change Addition NAME SILVER, SHERYL NAME SILVER SHERYS STREET ADDRESS RILL BISEPYA STREET ADDRESS 2124 NE 123 ST. CITY-ST-ZIP CITY-ST-ZIP NORHT MIAMI FL Miani Detete ☐ Change ☐ Addition TITS F TITLE KASTANIAS, NICK NAME NAME 2124 NE 123 ST STREET ADDRESS STREET ADDRESS NO. MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

FILED