

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 299985

FILED
Apr 20, 2009
Secretary of State

Entity Name: BLACK ANGUS SYSTEMS, INC.

Current Principal Place of Business:

10127 SW 114 CT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10127 SW 114 CT
771318
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-1152253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, LYNNE
10125 SW 114 CT
MIAMI, FL 33170 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SILVER, RAUL
Address: 10125 SW 114 CT
City-St-Zip: MIAMI, FL 33516

Title: PD () Delete
Name: SILVER, LYNNE
Address: 10125 SW 114 CT
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP () Delete
Name: SILVER, SHERYL
Address: 10125 SW 114 CT
City-St-Zip: MIAMI, FL 33170

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK KASTANIAS

MR.

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date