

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

RECEIVED

FEB - 5 2008

FILED

FEB 27 2008 9:00 AM
Secretary of State

DOCUMENT # G28660

1. Entity Name
FIRST BLACK CAPITAL CORPORATION, INC.

APPROVED BY: *[Signature]*

6790-02

Principal Place of Business

% GARTH C. REEVES
900 N.W. 54TH ST.
MIAMI, FL 33127

Mailing Address

% GARTH C. REEVES
900 N.W. 54TH ST.
MIAMI, FL 33127

FEB 13 2008

CODE

CODE

CODE



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2302895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, RACHAEL
900 N.W. 54TH ST.
MIAMI, FL 33127

**DO NOT WRITE
IN THIS SPACE**

POSTED

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
REEVES, GARTH C.
900 N.W. 54TH ST.
MIAMI, FL 33127

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
REEVES, RACHEL J.
2082 NE 120TH RD
NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000842028
03/11/08-80011-007 650.00

**DO NOT WRITE
IN THIS SPACE**

[Signature]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

2/5/08