

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90310 025 ***150.00

DOCUMENT # G44310	
1. Entity Name BLACK'S DUPLICATING SERVICES, INC.	



Principal Place of Business % K. DAVID SCHWARTZ AMERIFIRST BLDG., 4TH FL., 1 SE 3RD AVE. MIAMI, FL 33131	Mailing Address 1 S E 3RD AVE 4TH FLOOR MIAMI, FL 33131 US
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20039096



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2298066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHWARTZ, K. DAVID SUNTRUST BLDG 4TH FLOOR 1 SE 3RD AVENUE MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, K DAVID 1 SE 3RD AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LONGOBARDI, SHARON 1 SE 3RD AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 register 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: **K. DAVID SCHWARTZ** **4-18-05** **305-663-7011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #