

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G44310

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** BLACK'S DUPLICATING SERVICES, INC.

**Current Principal Place of Business:**

% K. DAVID SCHWARTZ  
19 WEST FLAGLER ST. LOBBY SUITE  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 331067  
MIAMI, FL 33233 US

**New Mailing Address:**

**FEI Number:** 59-2298066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, K. DAVID  
19 WEST FLAGLER STREET  
LOBBY SUITE  
MIAMI, FL 33130 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHWARTZ, K DAVID  
Address: 19 WEST FLAGLER STREET LOBBY SUITE  
City-St-Zip: MIAMI, FL 33131

Title: VPD  
Name: LONGOBARDI, SHARON  
Address: 19 WEST FLAGLER STREET LOBBY SUITE  
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: K. DAVID SCHWARTZ

P

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date