

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90337 019 ***150.00

DOCUMENT # H38467

1. Entity Name
BRIAN BLACK INTERIORS, INC.



Principal Place of Business
9375 SWANSEA LANE
WEST PALM BEACH, FL 33411 US

Mailing Address
9375 SWANSEA LANE
WEST PALM BEACH, FL 33411 US

14014000



2. Principal Place of Business
703 SAN MARCO CIRCLE
Suite, Apt. #, etc.
#101

3. Mailing Address
703 SAN MARCO CIRCLE
Suite, Apt. #, etc.
#101

04052004 Chg-P CR2E034 (10/03)

City & State
LAKE PARK FL

City & State
LAKE PARK FL

Zip
33403

Country
Palm Beach

Zip
33403

Country
Palm Beach

4. FEI Number
59-2488844

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, BRIAN
1448 HARBOR PT DR
N PALM BCH, FL 33410

7. Name and Address of New Registered Agent

Name
703 SAN MARCO CIRCLE #101

Street Address (P.O. Box Number is Not Acceptable)

City
LAKE PARK

FL

Zip Code
33403

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 re-appointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
PD

NAME
BLACK, BRIAN E

STREET ADDRESS
9375 SWANSEA LANE

CITY-ST-ZIP
WEST PALM BEACH, FL 33411

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS
703 SAN MARCO CIRCLE #101

CITY-ST-ZIP
LAKE PARK FL 33403

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04