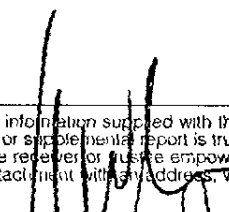


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J69453 1. Entity Name BLACK'S COPY SERVICES, INC.																																															
Principal Place of Business 4699 PONCE DE LEON BLVD CORAL GABLES FL 33146-2101 US			Mailing Address P.O. BOX 331067 MIAMI FL 33233-1067 US																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		4. FCI Number 59-2801035																																											
5. Certificate of Status Desired ☐				Applied For Not Applicable																																											
6. Name and Address of Current Registered Agent SCHWARTZ, K. DAVID 4699 PONCE DE LEON BLVD CORAL GABLES FL 33146-2101				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																											
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 re-registering) _____ DATE _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. ☐ Added to Fees																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> D SCHWARTZ, K. DAVID 4699 PONCE DE LEON BLVD CORAL GABLES FL 33146-2101 </td> <td style="width: 10%; text-align: center;"> ☐ Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> U00000422689 02/17/06-80027-004 150.00 </td> <td style="width: 10%; text-align: center;"> ☐ Change ☐ Add </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, K. DAVID 4699 PONCE DE LEON BLVD CORAL GABLES FL 33146-2101	☐ Delete																			TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000422689 02/17/06-80027-004 150.00	☐ Change ☐ Add																		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with an officer like empowered.																																															
SIGNATURE:  K DAVID SCHWARTZ 2-1-06 305-663-7611																																															