


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L27663	
1. Entity Name BLACK'S BUSINESS SYSTEMS, INC.	

Principal Place of Business 200 S. BISCAYNE BLVD SUITE 4850 MIAMI, FL 33131	Mailing Address 200 S. BISCAYNE BLVD SUITE 4850 MIAMI, FL 33131
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0159999	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TANEN, JEFFREY S TWO S. BISCAYNE BLVD. SUITE 3250, ONE BISCAYNE TOWER MIAMI, FL 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000383597 01/13/06-80007-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTIS, TIMOTHY 7900 S.W. 133 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANGEL, ESTRELLA 91 WEST SHORE DR. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, MARTHA 7900 S.W. 133 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAVID 3132 PONCE DE LEON BLVD CORAL GABLES, FL 33134
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 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:  **(305) 374-1521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone