

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27663

FILED
Jan 09, 2008
Secretary of State

Entity Name: BLACK'S BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

200 S. BISCAYNE BLVD
SUITE 4850
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 S. BISCAYNE BLVD
SUITE 4350
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0159999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANEN, JEFFREY S
TWO S. BISCAYNE BLVD.
SUITE 3250, ONE BISCAYNE TOWER
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURTIS, TIMOTHY
Address: 7900 S.W. 133 ST.
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: RANGEL, ESTRELLA
Address: 91 WEST SHORE DR.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: CURTIS, MARTHA
Address: 7900 S.W. 133 ST.
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: SCHWARTZ, DAVID
Address: 3132 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIM C. CURTIS

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date