


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N06000010981 1. Entity Name BLACK PARTNERSHIP OF FLORIDA, INC.	
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Principal Place of Business 35 WEST PINE STREET SUITE 220 ORLANDO, FL 32801	Mailing Address 35 WEST PINE STREET SUITE 220 ORLANDO, FL 32801
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01282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2627395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, DESIREE ESQUIRE  
 % LYNUM & SANCHEZ, P.A.  
 35 W PINE STREET, SUITE 221  
 ORLANDO, FL 32801

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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: *Desiree Sanchez* 1/29/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000808501  
 02/07/08 80052-003 61-25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, JAMAK 800 SILVERTIP ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDER, JOSEPH E PO BOX 680611 ORLANDO, FL 32868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LYNUM, E. JUAN ESQUIRE 411 ROCK LAKE DRIVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, DESIREE ESQUIRE 2701 SEABREEZE COURT ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, PAUL 8016 ASPENCREST COURT ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGELOW, MERCEDES ESQUIRE 1307 SUMMER BREEZE ROAD, FL 32822

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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 617, 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]* 1/29/08 407-336-0009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #