

# ANNUAL REPORT (AR)

DOCUMENT # N09604

1. Entity Name

FLORIDA BLACK BELT ASSOCIATION, INC.



**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

14201 LAKE SARANAC AVE.  
MIAMI LAKES FL 33014

Mailing Address

14201 LAKE SARANAC AVE.  
MIAMI LAKES FL 33014

2. Principal Place of Business

Suite, Apt #, etc.

3. Mailing Address

Suite, Apt #, etc.



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2646904

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYES, MANUEL  
14201 LAKE SARANAC AVE.  
MIAMI LAKES FL 33014

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REYES, MANUEL	
STREET ADDRESS	14201 LAKE SARANAC AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REYES, MANUEL JR.	
STREET ADDRESS	14201 LAKE SARANAC AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYES, VIVIAN A	
STREET ADDRESS	14201 LAKE SARANAC AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYES, MILAGROS	
STREET ADDRESS	14201 LAKE SARANAC AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000204316	
STREET ADDRESS	01/29/05-80067-004 70.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #