

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010437

FILED
Apr 30, 2012
Secretary of State

Entity Name: BLACK BUTTERFLIES, INC.

Current Principal Place of Business:

LATONJA WATSON
1410 E. 27TH AVE.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292008
TAMPA, FL 33687

New Mailing Address:

FEI Number: 37-1652176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATSON, LATONJA
1410 E. 27TH AVE
TAMPA, FL 33605 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

OFFICERS AND DIRECTORS:

Title: P
Name: WATSON, LATONJA
Address: 1410 E 27TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: VP
Name: SALTER, DUWOD S
Address: 8028 SHADY WOOD DRIVE APT. A
City-St-Zip: TAMPA, FL 33617

Title: SEC
Name: CARTER, DORIS
Address: 8700 N. 50TH STREET APT. 904
City-St-Zip: TAMPA, FL 33617

Title: TRE
Name: JOHNSON, VANEKA
Address: 10615 N, 25TH STREET
City-St-Zip: TAMPA, FL 33612

Title: ED
Name: BROWN, MEKESHIA
Address: 1410 E. 27TH AVE.
City-St-Zip: TAMPA, FL 33605

Title: YMD
Name: ASHWOOD, XAVIER
Address: 1410 E 27TH AVE
City-St-Zip: TAMPA, FL 33605

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LATONJA WATSON

PRES

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date