· 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

DOCUMENT # N20596 1. Entity Name BLACK BUSINESS INVESTMENT FUND OF CENTRAL FLORICA, INC.							05-05-2006 90182 034 ****70.00						
315 E. ROBINSON ST., STE. 660 315				ing Address 5 E. ROBINSON ST., STE. 660 LANDO, FL 32801 US									
A D: :: 18	N		la ia-										
2. Principal Place of Business 3.				Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				02082006	Ch	g-NP	CR2E0	37 (11/05)	
City & State			Ci	City & State				4. FEI Numb 59-286		5			oplied For ot Applicable
Zip	Zip Country		Zi	Zip Cou		intry	ï	5. Certificate of Status Desired				\$8.75 Add Fee Require	litional d
	6. Name	and Address of Curre	nt Registen	ed Agent		Namo		7. Name and	Addn	ess of New	Registered	Agent	
LONG, INEZ, J					Name						<u> </u>		
	BINSON S D, FL 3280	T., SUITE 660 1		Street Address			ddress (P.O. Box Numb	eris N	ot Acceptal	ole)		
						City						Tin Cod	
											FL	- 1 .	
	named entity tions of registe	submits this statement ared agent.	t for the purp	oose of changing it	ts registere	ed office o	r register	ed agent, or bo	oth, in t	he State of t	Florida. I am	familiar with,	and accept
SIGNATURE .													
SIGNATURE.	Signature, typed o	x printed name of registered ag	ent and tale if ap	olicable (NO	TE: Perintere	d Acerd eignet							
				p=00000. (110	T. Hogistere	a callerin dell'inte	bire required	when reinstating)			DATE		
	_	e is \$61.25 ay 1, 2006		9. Election Ca Trust Fund	ampaign F	inancing	bire required	\$5.00 May 6 Added to Fees			Make chec	k payable to	
10.	Due by M	ıs \$61.25		9. Election Ca Trust Fund	ampaign F	inancing		\$5.00 May 6		Fl	Make checorida Depa	rtment of S	tate
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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 bustee 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.

F SIGNING OFFICER OR DIRECTOR

SIGNATURE: