2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State
07-20-2004 90002 045 ***550.00

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DOCUMENT # P00000078512

1. Entity Name
BLACK AMBER FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O EDWARDS & AGGELL, LLP ONE NORTH CLEMATIS SUITE 400 WEST PALM BEACH, FL 33401 US	C/O EDWARDS & AGGELL, LLP ONE NORTH CLEMATIS SUITE 400 WEST PALM BEACH, FL 33401 US

03272003 Chg-P CR2E034 (10/03)

	2. Principal Place of Business	3. Mailing Address
Street	3751 Victoria Park Ave	3751 Victoria Park Ave
Suite, Apt. #, etc.		
City & State	Toronto Ontario	Toronto Ontario
Zip	M1W 3Z4	M1W 3Z4
Country	Canada	Canada

4. FEI Number: 98-0230804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS
SUITE 400
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: American Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 255 South Orange Ave Suite 1700
City: Orlando FL Zip Code: 32801

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: Jean M. Fisher Asst Secy — 6/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLAN, RUSSELL	NAME	
STREET ADDRESS	ONE NORTH CLEMATIS SUITE 400	STREET ADDRESS	3751 Victoria Park Avenue
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	Toronto, Ontario M1W 3Z4 CANADA
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 607, 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] — July 7/2004 — 416 449 1340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #