

SIGNATURE:

COSENBAUM

FILED Apr 05, 2005 8:00 am Secretary of State

DOCUMENT # P00000078512 1. Entity Name BLACK AMBER FLORIDA, INC.								04-05-2005	90042 00)7 ***15	50.00
Principal Place of Business 3751 VICTORIA PARK AVE TORONTO ONTARIO CANADA M1W 3Z4,			Mailing Address 3751 VICTORIA PARK AVE TORONTO ONTARIO CANADA M1W 3Z4,					88111 88111 88111 88111 88111 881	i 81(ii) (1811) (1814)		i i 131 1 1 e 1
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt, #, etc.			03172005	Chg-P	CR2E034	4 (10/03)		
City & State			City & State				4. FEI Number 98-023			_ 	plied For Applicable
Zįp	Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required					
r.	6. Name	and Address of Current					7. Name and Address of New Registered Agent				
AMERICAN INFORMATION SERVICES INC 255 SOUTH ORANGE AVE					Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 1700 ORLANDO, FL 32801							- to the standard of				
				City					FL	Zip Code	•
the obligati		ty submits this statement fo stered agent.	r the purpose of changing its	register	ed office or	register	red agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE											
After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing	\$5 . Add	.00 May Be ded to Fees			_	
10.	,	OFFICERS AND				ADDITIONS	CHANGES TO OFF				
NAME STREET ADDRESS	3751 VIC	RUSSELL STORIA PARK AVE	***			375	SENBAUM, HARRY 51 VICTORIA PARK AVENUE				
CITY-ST-ZIP	TORONI	O, ON, CN m1w 3z4	☐ Delete	E	TOR	RONTO, O	N, CN M1W		☐ Change	☐ Addition	
NAME			L.J Oelele	fE							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	Addition
TITLE			☐ Delete	τιπι	E					☐ Change	Addition
NAME STREET ADDRESS			•		EET ADDRESS						
CITY-ST-ZIP	<u> </u>				r-ST-ZIP					Chann	Addition
TITLE NAME			☐ Delete	TITL NAM						Change	□ Addition
STREET ADDRESS CITY-ST-ZIP		•			eet address (-st-zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
12. I hereby indicated of the corchanged	certify that t i on this reproporation or or on an at	he information supplied wit ort or supplemental report i the receiver or trustee emp ttachment with an address,	h this filing does not qualify for strue and accurate and that towered to execute his reconsist all other like approvered.	or the exe my signa t as requ	ernption stat ature shall h iired by Cha	ted in Se ave the opter 60	ection 119.07(3 same legal effe 7, Florida Statut)(i), Florida Statutes. ect as if made under es; and that my nam	I further certi oath; that I a ne appears in	fy that the in in an officer Block 10 o	nformation or director r Block 11 if