2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000022329

1. Entity Name
BLACK N BLUE VENTURE, INC.

Principal Place of Business	Mailing Address
8966 CLEARY BLVD. PLANTATION, FL 33324	4890 SOUTHWEST 104TH AVENUE COOPER CITY, FL 33328

DO NOT WRITE IN THIS SPACE

02272008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0617316
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUTRONE, JOSEPH
4890 SOUTHWEST 104TH AVENUE
COOPER CITY, FL 33328

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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 $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUTRONE, JOSEPH
STREET ADDRESS	4890 SOUTHWEST 104TH AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	D
NAME	CUTRONE, MARY A
STREET ADDRESS	4890 SOUTHWEST 104TH AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/08-80013-015 150.00

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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Ann Cutrone 3-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #