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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50053696
T. Roberts JUN 30 2005

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000109560

1. Entity Name
FLORIDA BLACK CAT ENTERPRISES INC.

Principal Place of Business	Mailing Address
4265 TAMIAMI TRAIL UNIT E PORT CHARLOTTE, FL 33980-2149 US	4265 TAMIAMI TRAIL UNIT E PORT CHARLOTTE, FL 33980-2149 US

05162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4265 TAMIAMI TRAIL	SAME
Suite, Apt. #, etc.: E	Suite, Apt. #, etc.:
City & State: PORT CHARLOTTE, FL	City & State:
Zip: 33980 Country: USA	Zip: Country:

4. FEI Number: 14-1853276 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUMEI, SHARON 598 SPRING LAKE BLVD. NW PORT CHARLOTTE, FL 33952	Name: SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 6-6-05
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 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	P FUMEI, SHARON 598 SPRING LAKE BLVD NW PORT CHARLOTTE, FL 339526431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] SHARON FUMEI 6-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #