


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000118023 1. Entity Name BLACK STAG, INC. |  |
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| Principal Place of Business 798 CRANDON BLVD., APT. 34 KEY BISCAYNE, FL 33149 | Mailing Address 798 CRANDON BLVD., APT. 34 KEY BISCAYNE, FL 33149 |
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DO NOT WRITE IN THIS SPACE



06142004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 02-0654007 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

B. 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PSTD DE VON HARTZ, MARIA A 798 CRANDON BLVD., APT. 34 KEY BISCAYNE, FL 33149 |
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 06/17/04-80002-013 150.00

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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 information.

SIGNATURE: *M. DeVont Hartz* **6-14-04** *(305) 408-0220*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

438-0220