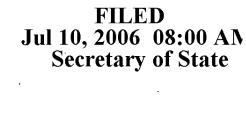
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000051053

1. Entity Name
PAUL S. BLACK & ASSOCIATES, INC.





			ACO WILL					
	ce of Business	Mailing Address	-					
7700 N. KEN Suite 506	NDALL DRIVE	7700 N. KENDALL DR. Ste. #506						
MIAMI, FL 3	33156	MIAMI, FL 33156					<b>.</b>	
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				07052006	No Chg-P	CR2E034 (	11/05)	
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				20-094	8820	**	Not Applicable	
liv vijet j <mark>ez</mark> a o				5. Certificate	of Status Desired		75 Additional Required	
	6. Name and Address of Current Re	ou an breakte a kest	i assi katalan aka	odavitako teksa e	Os a Lua Hillian L	an salah dalah dan sa		
LAW OFFICE OF JASON R. KOVAN			an agent gran each		<b>\$ : /~~*</b> 1#.			
9550 BAY	HARBOR TERRACE			no.	NOT W	KIIE		
STE. 207 BAY HARBOR ISLANDS, FL 33154			N	IN 7	THIS SF	ACE		
DATE TO MEDICATE OF THE PROPERTY OF THE PROPER								
R The shove	e named entity submits this statement for th	e purpose of changing its register	ed office or register	red agent or bot	h in the State of Fl	orida Lam famil	ar with and accept	
	tions of registered agent.	burpose or changing to register.	or office of regions.	rea agent, or se			and doop!	
SIGNATURE.	···	· · · · · · · · · · · · · · · · · · ·			000000 07/11/06	)0568978 3 <u>-80007-</u> 0	08 150.00	
	Signature, typed or printed name of registered agent and	itte if applicable, (NOTE: Registere	d Agent signature required	d when reinstating)		DATE		
FI	LE NOW!!! FEE IS \$150.00	9. Election Campaign Finar		.00 May Be	In accordance	with s. 607.193	(2)(b), F.S., the	
D	ue by September 6, 2006	Trust Fund Contribution.	☐ Add	led to Fees	corporation did	not receive the	prior notice.	
10.	ÖFFICERS AND DIF	RECTORS	Shoulinkulusi	Latin Asia Listan	etiana kara kira d			
TITLE	P PI AOK DAIH C	Talk and and						
NAME Street Address	BLACK, PAUL S 7700 N. KENDALL DR., SUITE 506							
CITY-ST-ZIP	MIAMI, FL 33156	· · · · · · · · · · · · · · · · · · ·						
TITLE							Reservation and State	
NAME STREET ADDRESS								
CITY-ST-ZIP		<u> </u>		eiko ida sigio				
TITLE NAME								
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CITY-ST-ZIP	1		Salato and California		290 - 3800 / 3842 / 38			
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TITLE NAME	_							
TITLE THAME  NAME  STREET ADDRESS								

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: URE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR