


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 31, 2006 8:00 am
Secretary of State

07-13-2006 90020 029 ***150.00

DOCUMENT # P05000009820			
1. Entity Name BLACK STAGE, INC.			
Principal Place of Business 8538 S.E. RETREAT DR. HOBE SOUND, FL 33455 US		Mailing Address 8538 S.E. RETREAT DR. HOBE SOUND, FL 33455 US	
2. Principal Place of Business		3. Mailing Address % MICHAEL REEVES ASSOCIATES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 224 WEST 30th St # 1006	
City & State		City & State NEW YORK	
Zip	Country	Zip	Country
		NY 10001	
4. FEI Number 03-0553461		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, PAUL 8538 S.E. RETREAT DR. HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	NAME KELLY, PAUL	TITLE	NAME
STREET ADDRESS 8538 S.E. RETREAT DR.	CITY-ST-ZIP HOBE SOUND, FL 33455	STREET ADDRESS	CITY-ST-ZIP
TITLE MICHAEL REEVES	NAME 224 WEST 30th St # 1006	TITLE	NAME
STREET ADDRESS NEW YORK NY 10001	CITY-ST-ZIP NEW YORK NY 10001	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: 7-10-06 Daytime Phone #: 646 674 0924	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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