

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000158067

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** BLACK OPS PERFORMANCE INC.

**Current Principal Place of Business:**

4125 PINE TREE PL  
COCOA, FL 32926

**New Principal Place of Business:**

49 NORTH FEDERAL HWY  
#238  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

4125 PINE TREE PL  
COCOA, FL 32926

**New Mailing Address:**

49 NORTH FEDERAL HWY  
#238  
POMPANO BEACH, FL 33062

**FEI Number:** 83-0440871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAGNITTA, JOHN  
4793 FAIRSUN AVE  
COCOA, FL 32927 US

**Name and Address of New Registered Agent:**

STAGNITTA, JOHN  
720 EAST ATLANTIC BLVD  
POMPANO BEACH, FL 33969 US

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.

SIGNATURE: JOHN STAGNITTA

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/T  
Name: STAGNITTA, JOHN  
Address: 720 EAST ATLANTIC BLVD  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN STAGNITTA

P/T

04/21/2011

Electronic Signature of Signing Officer or Director

Date