## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000144060

Entity Name: BLACKBIRD CORPORATION

300 71 STREET, SUITE 500

MIAMI BEACH, FL 33141 US

Address:

City-St-Zip:

FILED Oct 08, 2009 Secretary of State

•						
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
300 71 STI SUITE 500 MIAMI BEA		US				
Current Mailing Address:			New Maili	New Mailing Address:		
300 71 STI SUITE 500 MIAMI BEA		US				
FEI Number:	20-5950734	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate	of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
10TH FLO	OY SCOUT BO	DULEVARD				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	s registered office or reg	istered agent, or both,	
SIGNATUR	RE: CARLOS	A. MAS, ESQ.				
	Electron	ic Signature of Registered Ag	ent	Da	ite	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notic	е.		
	S AND DIREC	,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP () CADI, JOSE 15051 SW 49TI MIRAMAR, FL		Title: Name: Address: City-St-Zip:	()Change().	Addition	
Title: Name: Address: City-St-Zip:	OLLE, DENNIS	D STREET, SUITE 4000	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	DVP () FERRARO, VAL 300 71 STREET MIAMI BEACH,	, SUITE 500	Title: Name: Address: City-St-Zip:	()Change().	Addition	
Title:	DVPS ()	Delete	Title:	DVST (X) Change ( )	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSE CADI P 10/08/2009

300 71 STREET, SUITE 500

MIAMI BEACH, FL 33141 US