

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

08 SEP 22 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000096603

1. Entity Name
BLACK STONE ATM, CORP.



Principal Place of Business Mailing Address
10920 NW 73RD STREET **10920 NW 73RD STREET**
DORAL, FL 33178 **DORAL, FL 33178**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

08112008 Chg-P CR2E034 (12/06)

4. FE Number
26-0819145 Applied For
No. Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



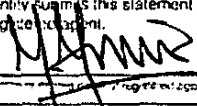
6. Name and Address of Current Registered Agent

VALENCIA, FERNANDO
10920 NW 73RD STREET
DORAL, FL 33178

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:  **JUNE 20/08**

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

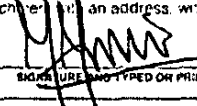
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
	MANRIQUE, MIGUEL A	10920 NW 73RD STREET	DORAL, FL 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

200136264682
 09/23/08--01047--001 **150.00

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 supplements thereto 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, changed, or on an attached schedule, an address, with all other like empowered

SIGNATURE:  **MIGUEL A. MANRIQUE** **JUNE 20/08 786-3509705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR