

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90256 045 \*\*\*150.00

**DOCUMENT # P95000011500**

1. Entity Name  
**BLACKSTONE COMMUNICATIONS COMPANY**



Principal Place of Business  
**100 N. BISCAYNE BLVD.  
SUITE 1407  
MIAMI, FL 33132 US**

Mailing Address  
**100 N. BISCAYNE BLVD.  
SUITE 1407  
MIAMI, FL 33132 US**

**50018956**



2. Principal Place of Business

**600 GRAPETREE DRIVE**  
Suite, Apt. #, etc.  
**# 9-E-S**

City & State  
**KRY BISCAYNE, FL**

Zip  
**33149** Country  
**U.S.**

3. Mailing Address

**600 GRAPETREE DRIVE**  
Suite, Apt. #, etc.  
**# 9-E-S**

City & State  
**KRY BISCAYNE, FL**

Zip  
**33149** Country  
**U.S.**

04272006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0554483**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTA, JORGE R ESQ.  
3191 CORAL WAY  
SUITE 605  
MIAMI, FL 33145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
BERTONATTI, CARLOS  
100 N. BISCAYNE BLVD. # 1407  
MIAMI, FL 33132** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
COSTA, JAIME A JR.  
100 N. BISCAYNE BLVD. # 1407  
MIAMI, FL 33132** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
BERTONATTI, CARLOS  
600 GRAPETREE DRIVE # 9-E-S  
KRY BISCAYNE, FL 33149** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
COSTA, JAIME JR.  
3191 CORAL WAY # 605  
MIAMI, FL 33145** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS BERTONATTI, PRESIDENT**

Date

**4/26/06**

Daytime Phone #