


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 KEY BISCAYNE, FL
 Zip 33149 Country U.S.**

3. Mailing Address
**600 GRAPETREE DRIVE
 Suite, Apt. #, etc. # 9-E-S
 City & State KEY 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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERTONATTI, CARLOS 100 N. BISCAYNE BLVD. # 1407 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERTONATTI, CARLOS 600 GRAPETREE DRIVE # 9-E-S KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTA, JAIME A JR. 100 N. BISCAYNE BLVD. # 1407 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTA, JAIME JR. 3191 CORAL WAY # 605 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carlos Bertonatti **CARLOS BERTONATTI, PRESIDENT** Date 4/26/06 Daytime Phone # _____