

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78149

FILED
Jan 09, 2009
Secretary of State

Entity Name: BLACK'S PHOTOCOPY SERVICE, INC.

Current Principal Place of Business:

19 W. FLAGLER ST.
LOBBY
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

PO BOX 331067
MIAMI, FL 332331067

New Mailing Address:

FEI Number: 65-0285170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, AGNES
333 UNIVERSITY DR
APT 113
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SCHWARTZ, K. DAVID,
Address: 19 W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: SCHWARTZ, AGNES,
Address: 333 UNIVERSITY DR., APT. 113
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SCHWARTZ, K. DAVID

DPT

01/09/2009

Electronic Signature of Signing Officer or Director

Date