

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116606

Entity Name: BLACK NOISE DESIGN, INC**Current Principal Place of Business:**6604 NW 71ST AVE
TAMARAC, FL 33321**Current Mailing Address:**6604 NW 71ST AVE
TAMARAC, FL 33321 US**FEI Number:** 61-1543496**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAZQUEZ, TOMAS M
6604 NW 71ST AVE
TAMARAC, FL 33321 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	VAZQUEZ, TOMAS M
Address	6604 NW 71ST AVE
City-State-Zip:	TAMARAC FL 33321

Title	VP
Name	VAZQUEZ, ALEXIS G
Address	6604 NW 71ST AVE
City-State-Zip:	TAMARAC FL 33321

Title	P
Name	VAZQUEZ, TOMAS M
Address	6604 NW 71ST AVE
City-State-Zip:	TAMARAC FL 33321

Title	P
Name	VAZQUEZ, TOMAS M
Address	9560 STANLEY LANE
City-State-Zip:	TAMARAC FL 33321

Title	P
Name	VAZQUEZ, TOMAS M
Address	9560 STANLEY LANE
City-State-Zip:	TAMARAC FL 33321

Title	P
Name	VAZQUEZ, TOMAS M
Address	9560 STANLEY LANE
City-State-Zip:	TAMARAC FL 33321

I hereby 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 all other like empowered.

SIGNATURE: TOMAS VAZQUEZ

PRESIDENT

04/03/2022

Electronic Signature of Signing Officer/Director Detail_____
Date