

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90297 001 *****8.75

03-26-2007 90297 002 ***150.00

DOCUMENT # 682450

1. Entity Name
BARBARA ENTERPRISES, INC.



Principal Place of Business

**6020 W. 14TH CT
HIALEAH, FL 33012**

Mailing Address

**6020 W. 14TH CT
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2043547

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOTO, LILIA E
6020 W 14 CT
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	CRUZ, LILA E
STREET ADDRESS	6020 W. 14TH CT.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	PD
NAME	RAMIRES DE CORDERO, MARIA
STREET ADDRESS	6020 W. 14TH CT.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	CORDERO, JESUS M
STREET ADDRESS	6020 W. 14TH CT.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

X / DELETE

**DO NOT WRITE
IN THIS SPACE**

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:

Lila E Cruz **LILA E. CRUZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/07 305826-0781

Daytime Phone #