AMENDED FILING

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 10 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013896

1. Entity Name
BARCANA FLORIDA, INC.

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126	5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
% SSI Accounting and Tax Service Inc.	% SSI Accounting and Tax Service Inc.
Suite, Apt. #, etc. 1500 Colonial Blvd Suite 235	Suite, Apt. #, etc. 1500 Colonial Blvd. Suite 235
City & State Fort Myers,Florida	City & State Fort Myers, Florida
Zip 33907 Country Lee	Zip 33907 Country Lee

4. FEI Number 65-0983978 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REUS, ALEXANDER ESQ. 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126	Name SSI Accounting and Tax Service Inc. Street Address (P.O. Box Number is Not Acceptable) 1500 Colonial Blvd. Suite 235 City Fort Myers, FL Zip Code 33907

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 Werner Solano [illegible] Pres 2.28.03

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D BARTHELMESS, KURT 4400 GULFSHORE BLVD NAPLES, FL 34103 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ingeborg Barthelmess 4400 Gulfshore Blvd. Naples, Fl 34103 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400013988394 03/12/03--01001--017 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: I. Barthelmess 02.28.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/ 3/10