

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90115 010 ***550.00

DOCUMENT # P01000090544

1. Entity Name
US BARCODES, INC.

Principal Place of Business: 5234 SR 54, NEW PORT RICHEY, FL 34652
 Mailing Address: 5234 SR 54, NEW PORT RICHEY, FL 34652

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



07012004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3745095**
 Applied For: Not Applicable:

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MATIAS, JUNIOR A
9642 BAXLEY LN
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent
 Name: **JUNIOR A MATIAS**
 Street Address (P.O. Box Number is Not Acceptable): **9555 DOTTIE DR**
 City: **New Port Richey** FL Zip Code: **34654**

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]* **President Junior A Matias** DATE: **7/1/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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: P	<input checked="" type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MATIAS, JUNIOR A		NAME: _____	
STREET ADDRESS: 9642 BAXLEY LAN		STREET ADDRESS: _____	
CITY-ST-ZIP: PORT RICHEY, FL 34668		CITY-ST-ZIP: _____	
TITLE: P	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JUNIOR A MATIAS		NAME: _____	
STREET ADDRESS: 9555 DOTTIE DR		STREET ADDRESS: _____	
CITY-ST-ZIP: New Port Richey, FL 34654		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

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: *[Signature]* **JUNIOR A MATIAS** DATE: **7/1/04** DAYTIME PHONE #: **727-849-1196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR