


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000012774</b>				
1. Entity Name <b>MILDRED BARBERIS CORPORATION</b>				
Principal Place of Business <b>9408 N.W. 121 ST UNIT 225 HIALEAH, FL 33018</b>		Mailing Address <b>9108 N.W. 121ST UNIT 225 HIALEAH, FL 33018</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc		Suite Apt #, etc		
City & State		City & State		
Zip	Country	Zip	Country	4. FSI Number <b>94-3431877</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>BARBERIS, MILDRED 355 E. 15TH ST. HIALEAH, FL 33010</b>				7. Name and Address of New Registered Agent
Name				
Street Address (P.O. Box Number is Not Acceptable)				
City				<b>FL</b> Zip Code
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: <i>Mildred Barberis</i> <small>Signature typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature required when relevant) DATE</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBERIS, MILDRED</b>	NAME		
STREET ADDRESS	<b>3424 W 14 AVE</b>	STREET ADDRESS		
CITY- ST- ZIP	<b>HIALEAH, FL 33012</b>	CITY- ST- ZIP		<b>U000000522059 05/03/06-80013-023 150.00</b>
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
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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 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 attached sheet with an address, with all other like empowered.				
SIGNATURE: <i>Mildred Barberis</i>				Date:
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>DATE</small>