

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90332 024 ***150.00

DOCUMENT # P02000051927

1. Entity Name
BAR INVEST FLORIDA, INC.



Principal Place of Business
**520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131**

14001377



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

47-0866577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION INC
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Transglobal Corp. Administration LLC**
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Dr. # 305
City **Miami** FL **33131**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **THIERRY, BARBERA**
CITY-ST-ZIP **520 BRICKELL KEY DR., #305
MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Freeman, Stephen**
CITY-ST-ZIP **520 Brickell Key Drive Ste 0305
Miami, FL 33131**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Thierry, Barbera**
CITY-ST-ZIP **520 Brickell Key Dr Ste 0-305
Miami FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

STEPHEN FREEMAN 4/6/04 305 3743800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #