2006 FOR PROFIT CORPORATION

Mar 20, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P02000051927 03-20-2006 90010 005 ***150.00 BAR INVEST FLORIDA, INC. Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 701 Brickell Ave 701 Drickell 02242006 Chg-P CR2E034 (11/05) 460 Çity & State 4. FEI Number Applied For 47-0866577 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACQUES BARBERA TRANSGLOBAL CORPORATE ADMINISTRATION INC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE # 0-305 MIAMI, FL 33131 Drickell Ave. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE Change ☐ Addition THIERRY, BARBERA NAME NAME 701 BRICKELL AVENUE SUITE 1460 STREET ADDRESS 520 BRICKELL KEY DR., #305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP MGR TITLE Delete TITLE BARBERA, JACQUES NAME NAME 701 Brickell AVENUE SUITE 1460 STREET ADDRESS 520 BRICKELL KEY DR., #O-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

JACques Barbera

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED