

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 031 ***150.00

DOCUMENT # P06000004832	
1. Entity Name BARBERIA INNOVACION, INC.	

Principal Place of Business 6295 LAKE WORTH ROAD SUITE 10 LAKE WORTH, FL 33463 US	Mailing Address 6295 LAKE WORTH ROAD SUITE 10 LAKE WORTH, FL 33463 US
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60009644

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01182007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-4125354	Applied For ☐ Not Applicable

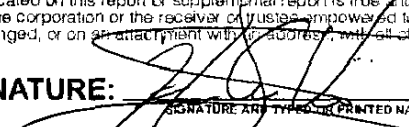
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent VELASQUEZ, HERNAN C 5551 SOUTH 35TH COURT GREENACRES, FL 33463	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits the 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 on or off the statement, agent and date if applicable. (NOTE: Registered Agent signature required when resigning.) DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST VELASQUEZ, HERNAN C 5551 SOUTH 35TH COURT GREENACRES, FL 33463 ☐ 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
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 attachment with the address, with all other like empowered.	
SIGNATURE: 	Hernan C. Velasquez, President 01/18/07 (561) 267-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	