2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State

DOCUMENT # P06000128373 1. Enlity Name J. BARRON HOLDINGS, INC.					03-20-2008	8 90030 016 ***15	0.00
Principal Place of Business 7601 N. FEDERAL HWY.,SUITE 240 B BOCA RATON, FL 33487		Mailing Address 7601 N. FEDERAL HWY.,SUITE 240 B BOCA RATON, FL 33487				500 0	0361
2. Principal Place of Business - No P.O. Box # Loso Lipton LAKE DR Suite, Apt. #, etc.		3. Mailing Address LOBO LINTON LAKE) A Suite, App. #, etc. APT C)R	03162008 Chg-P	CR2E034 (12/06)	
City & State DECR Zip 7.		33445	BEACH F		Serviticate of Status Desired Name and Address of New	\$8.75 Add Fee Require	
BARRON, JACK E 7601 N. FEDERAL HWY.,SUITE 240 B BOCA RATON, FL 33487				Address (RRON JACK P.O. Box Number is Not Acceptate LINTON LAKE APT C 44 BEACH	ς ε .	ek/<
the above flamet entity studints this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATIONE: Signature read of internal and into if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIL: FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Efection Campaign Financing Trust Fund Contribution. 9. Efection Campaign Financing Added to Fees							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, JACK E 7601 N. FEDERAL HWY., SUITE 2 BOCA RATON, FL 33487	☐ Delete	11. TITLE NAME STREET ADDRESS CITY- ST-ZIP	صد	DACK & BARI BO LINTON LANGESTOOF	RON Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP		☐ Delate	11TLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	NAME STREET ADDRESS CITY-S1-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. Thereby certify that the information sepolied 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 supplementalizeport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davisne Phone #							