


FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90028 005 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000060500			
1. Entity Name RASTRO BARBARA, INC.			
Principal Place of Business 4605 NW 37 AVE MIAMI, FL 33142		Mailing Address 4605 NW 37 AVE MIAMI, FL 33142	
2. Principal Place of Business 3513 SW 49		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLA		City & State SAME	
4. FEI Number 65-0601333		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORREA, PEDRO P 4605 NW 37 AVENUE MIAMI, FL 33142		7. Name and Address of New Registered Agent	
Name CORREA, PEDRO P		Name	
Street Address (P.O. Box Number is Not Acceptable) 4605 NW 37 AVENUE MIAMI, FL 33142		Street Address (P.O. Box Number is Not Acceptable)	
City MIAMI, FLA		City	
State FL		State	
Zip Code 33135		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CORREA, PEDRO P 4605 NW 37 AVE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Pedro P. Correa</i></u>		Date: <u>1/22/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01202004 Chg-P CR2E034 (10/03)