

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

Annual Report 2009



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060500

1. Corporation Name

Rastro Barbara, Inc.

2. Principal Office Address - No P.O. Box #

3513 SW 4 st

Suite, Apt. #, etc.

3. Mailing Office Address

3513 SW 4 st

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1995

5. FEI Number

65-0601333

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Pablo Correa

Street Address (P.O. Box Number is Not Acceptable) 3513 SW 4 st

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33135

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Pablo Correa
REGISTERED AGENT MUST SIGN

Date

5/4/9

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Pablo Correa	3513 SW 4 st	Miami, FL 33135

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated. the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Pablo Correa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/9

Daytime Phone #

2009 MAY 29 AM 8:59

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JD
6.11.09

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