


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000061671			
1. Entity Name ROBERT I. BARRAR, P.A.			
Principal Place of Business 4141 NE 2ND AVE 203A MIAMI FL 33137 US		Mailing Address 4141 NE 2ND AVE 203A MIAMI FL 33137 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0628585		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		7. Name and Address of New Registered Agent	
BARRAR, ROBERT I 4141 NE 2ND AVE SUITE 203A MIAMI FL 33137		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P	<input type="checkbox"/> Delete BARRAR, ROBERT I 4141 NE 2ND AVE SUITE 203A MIAMI FL 33137	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN0000013465 01/28/04-80025-018 150.00
TITLE VP	<input type="checkbox"/> Delete BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI FL 33137	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> Delete BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI FL 33137	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input type="checkbox"/> Delete BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI FL 33137	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI FL 33137	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert I. Barrar, President* Jan 26, 2004 305