


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 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
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2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

BARRAR, ROBERT I
4141 NE 2ND AVE
SUITE 203A
MIAMI FL 33137



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0628585** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fee

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 ---	<input type="checkbox"/> Change <input type="checkbox"/> Add 02/15/06-80003-011 150.00
TITLE VP	<input type="checkbox"/> Delete BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI FL 33137	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE S	<input type="checkbox"/> Delete BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI FL 33137	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE T	<input type="checkbox"/> Delete BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI FL 33137	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE ---	<input type="checkbox"/> Delete	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE: *Robert Barrar* Robert Barrar President 2/1/06 305 570-9611