2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 Al
Secretary of State

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1. Entity Name

ROBERT I. BARRAR, P.A.



Principal Place of Business

6619 S. DIXIE HWY.

211

311 MIAMI, FL 33143 US Mailing Address

6619 S. DIXIE HWY.

311

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33143 US



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0628585

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRAR, ROBERT I 13402 SW 57TH CT. MIAMI, FL 33156

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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.

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS NAME . BARRAR, ROBERT I STREET ADDRESS 13402 SW 57TH CT. CITY-ST-ZIP MIAMI; FL 33156 TITLE BARRAR, ROBERT I NAME STREET ADDRESS 13402 SW 57TH CT. CITY-ST-ZIP MIAMI, FL 33156 TITLE BARRAR, ROBERT I NAME STREET ADDRESS 13402 SW 157TH CT. MIAMI, FL 33156 CITY-ST-7IP TITLE BARRAR, ROBERT I NAME 13402 SW 57TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE BARRAR, ROBERT I NAME 13402 SW 57TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP ...

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DO NOT WRITE IN THIS SPACE

^{12.} I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 amprovered execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an appears in Block 10 or Block 11 is changed, or on an attachment with an appears in Block 10 or Block 11 is changed, or on an attachment with an appears in Block 10 or Block 11 is changed, or on an attachment with an appears in Block 10 or Block 11 is changed, or on an attachment with an appears in Block 10 or Block 11 is changed, or on an attachment with an appears in Block 10 or Block 11 is changed, or on an attachment with an appears in Block 10 or Block 11 is changed.