2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2005 08:00 AM DOCUMENT # P99000071740 **Secretary of State** 1. Entity Name BAR BROTHERS, INC. ___Mailing Address Principal Place of Business 🚞 1811 PURDY AVENUE 1811 PURDY AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEl Number Applied For 65-0948898 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETRILLO, LOUIS A Street Address (P.O. Box Number is Not Acceptable) 1811 PURDY AVE MIAMI BEACH FL 33139 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remstering) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition DISPENZIERI, RICHARD NAME NAME 1811 PURDY AVE STREET ADDRESS STREET ADDRESS CITY ST-71P CITY: ST-7IP MIAMI BEACH FL 33139 Change TITLE ☐ Addition TITLE Delete DONOVON, JOHN NAME MAME STREET ADDRESS 1811 PURDY AVE STREET ADDRESS CITY-SY-ZIP MIAMI BEACH FL 33139 CITY-ST-NP ☐ Change TITLE Delete ODE ☐ Addition NAME PETRILLO, LOUIS A NAME 000000281012 03/30/05-80042-015 150.00 STREET ADDRESS STREET ADDRESS 1811 PURDY AVE CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Change VD THILE Addition TiTLE ☐ Delete BINKIEWICZ, DAN NAME STREET ADDRESS 1811 PURDY AVE STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP aun ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

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 teport 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 of trustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an addless, with all other like empowered.

SIGNATURE:

GM TURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.531.462

FILED