


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90255 002 ***150.00

DOCUMENT # P02000030080
 1. Entity Name
BARBELLO PROPERTIES, INC.




Principal Place of Business Mailing Address
~~7810 KINGSPONTE PKWY., SUITE 107~~ ~~7810 KINGSPONTE PKWY., SUITE 107~~
 ORLANDO, FL 32819 ORLANDO, FL 32819

2. Principal Place of Business 3. Mailing Address
7575 KINGSPONTE PARKWAY **SAME**
 Suite Apt # etc Suite Apt # etc
SUITE 9

City & State City & State
ORLANDO, FLORIDA **ORLANDO, FLORIDA**

Zip Country Zip Country
32819 **ORANGE** **32819** **ORANGE**



04192004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
73-1633843 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CARVALHO, ENIO
~~7810 KINGSPONTE PKWY., SUITE 107~~
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Accepted)
7575 KINGSPONTE PARKWAY
SUITE 9
 City State Zip Code
ORLANDO **FL** **32819**

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: *Enio Carvalho* DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARINAS, FROILAN DR.	
STREET ADDRESS	7810 KINGSPONTE PKWY., SUITE 107	
CITY-STATE-ZIP	ORLANDO, FL 32819	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELLO, ANDRES DR.	
STREET ADDRESS	7810 KINGSPONTE PKWY., SUITE 107	
CITY-STATE-ZIP	ORLANDO, FL 32819	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARVALHO, ENIO	
STREET ADDRESS	7810 KINGSPONTE PKWY., SUITE 107	
CITY-STATE-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7575 KINGSPONTE PARKWAY, SUITE 9	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7575 KINGSPONTE PKWY, SUITE 9	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7575 KINGSPONTE PKWY, SUITE 9	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information provided 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: *Enio Carvalho, rec* **4/20/04 407 363-0154**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER