

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000065032

1. Entity Name
BARB'S CORPORATION



Principal Place of Business
444 BRICKELL AVENUE
SUITE 720
MIAMI, FL 33131

Mailing Address
2665 S. BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

FILED

04 MAY -3 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0949800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR., STE. 703
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
300035750963
05/07/04--01043--004 **900.00
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**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ACOSTA-RUBIO, ARIEL	
STREET ADDRESS	2665 S. BAYSHORE DR. #703	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DTAS	<input type="checkbox"/> Delete
NAME	BRAVO, MARIA A	
STREET ADDRESS	2665 S BAYSHORE DR STE 703	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BRAVO, MIGUEL	
STREET ADDRESS	2665 S BAYSHORE DR STE 703	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bravo, Maria A.	
STREET ADDRESS	2665 S. Bayshore Drive, #703	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Ariel Acosta-Rubio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 (305) 858-9900

Date Daytime Phone #