


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90254 043 ***150.00

DOCUMENT # P96000032089 1. Entity Name BARJOR CORPORATION	
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Principal Place of Business 1845 BAY ROAD MIAMI BEACH, FL 33139	Mailing Address 1845 BAY ROAD MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



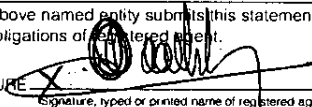
01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0659140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMULSKI, JORGE 7441 MIAMI VIEW DR 6039 Collins Ave. #636 NORTH BAY VILLAGE, FL 33144 Miami Beach FL 33140

**DO NOT WRITE
IN THIS SPACE**

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.

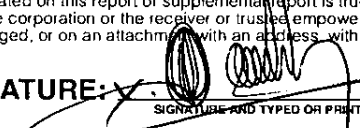
SIGNATURE  _____
Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when re-registering)) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMULSKI, JORGE 6039 COLLINS AVE # 636 MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____