

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030080

FILED
Jan 06, 2006
Secretary of State

Entity Name: BARBELLO PROPERTIES,INC.

Current Principal Place of Business:

4849 CYPRESS WOODS DRIVE
ORLANDO, FL 32811

New Principal Place of Business:

9155 PANZANI PLACE
PH
WINDERMERE, FL 34786

Current Mailing Address:

4849 CYPRESS WOODS DRIVE
ORLANDO, FL 32811

New Mailing Address:

9155 PANZANI PLACE
PH
WINDERMERE, FL 34786

FEI Number: 73-1633843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLO, ANDRES N DDS
4849 CYPRESS WOODS DR
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

BELLO, ANDRES N DDS
9155 PANZANI PLACE
PH
WINDERMERE, FL 34786 US

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.

SIGNATURE: ANDRES N. BELLO

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARINAS, FROILAN DDS
Address: 4849 CYPRESS WOODS DRIVE
City-St-Zip: ORLANDO, FL 32811

Title: TS () Delete
Name: BELLO, ANDRES N DDS.
Address: 4849 CYPRESS WOODS DRIVE
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARINAS, FROILAN DDS
Address: 9155 PANZANI PLACE
City-St-Zip: WINDERMERE, FL 34786

Title: TS (X) Change () Addition
Name: BELLO, ANDRES N DDS.
Address: 9155 PANZANI PLACE
City-St-Zip: PH, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FROILAN BARINAS

TS

01/06/2006

Electronic Signature of Signing Officer or Director

Date