

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000071740**

1. Entity Name  
**BAR BROTHERS, INC.**



Principal Place of Business  
**1811 PURDY AVENUE  
MIAMI BEACH, FL 33139**

Mailing Address  
**1811 PURDY AVENUE  
MIAMI BEACH, FL 33139**



03292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0948898** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PETRILLO, LOUIS A  
1811 PURDY AVE  
MIAMI BEACH, FL 33139**

**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 \_\_\_\_\_ (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, 2006 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  
NAME DISPENZIERI, RICHARD  
STREET ADDRESS 1811 PURDY AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD  
NAME DONOVON, JOHN  
STREET ADDRESS 1811 PURDY AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD  
NAME PETRILLO, LOUIS A  
STREET ADDRESS 1811 PURDY AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD  
NAME BINKIEWICZ, DAN  
STREET ADDRESS 1811 PURDY AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000492086  
04/19/06-80052-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Richard Dispensieri** 3/30/06 305-531-4622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #