

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000061671

**Entity Name:** ROBERT I. BARRAR, P.A.

**Current Principal Place of Business:**

6619 S. DIXIE HWY.  
311  
MIAMI, FL 33143

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC0718796765**

**Current Mailing Address:**

6619 S. DIXIE HWY.  
311  
MIAMI, FL 33143 US

**FEI Number:** 65-0628585

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARRAR, ROBERT I  
3169 GIFFORD LANE MIAMI, FLA. 33133  
MIAMI, FL 33133 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BARRAR, ROBERT I  
Address 3169 GIFFORD LANE MIAMI, FLA.  
33133  
City-State-Zip: MIAMI FL 33133

Title VP  
Name BARRAR, ROBERT I  
Address 3169 GIFFORD LANE MIAMI, FLA.  
33133  
City-State-Zip: MIAMI FL 33133

Title S  
Name BARRAR, ROBERT I  
Address 3169 GIFFORD LANE MIAMI, FLA.  
33133  
City-State-Zip: MIAMI FL 33133

Title T  
Name BARRAR, ROBERT I  
Address 3169 GIFFORD LANE MIAMI, FLA.  
33133  
City-State-Zip: MIAMI FL 33133

Title D  
Name BARRAR, ROBERT I  
Address 3169 GIFFORD LANE MIAMI, FLA.  
33133  
City-State-Zip: MIAMI FL 33133

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT BARRAR

**PRESIDENT**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date