

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 149070

Entity Name: BARFIELD, INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

4101 N.W. 29TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4101 N.W. 29TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 59-0556588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 ESECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: DENISE, FREDERIC
Address: 4101 N W 29TH ST
City-St-Zip: MIAMI, FL 33142

Title: SV () Delete
Name: AIMARD, LAURENT
Address: 4101 NW 29 ST.
City-St-Zip: MIAMI, FL 33142

Title: CFO () Delete
Name: AIMARD, LAURENT
Address: 4101 NW 29 ST.
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: BERNARDO, RAQUEL
Address: 4101 NW 29 ST.
City-St-Zip: MIAMI, FL 33142

Title: SV () Delete
Name: ROGERS, JOHN
Address: 7757 NW 25 ST.
City-St-Zip: MARGATE, FL 33063

Title: SV () Delete
Name: IMPARATO, ANYHONY
Address: 4101 NW 29 ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURENT AIMARD

CFO

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date