


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 309963	
1. Entry Name BARBAN INC	

Principal Place of Business 200 N.E. 10TH AVE. P. O. BOX 304 POMPANO BEACH, FL 33061	Mailing Address 200 N.E. 10TH AVE. P. O. BOX 304 POMPANO BEACH, FL 33061
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DO NOT WRITE IN THIS SPACE

	
01042007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-1170218	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

**PLATTS, HARRY E
200 N.E. 10 AVENUE
POMPANO BEACH, FL 33061**

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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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLATTS, HARRY E 200 N.E. 10TH AVE. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATTS, RONALD NEAL 1098 CHEYENNE DRIVE ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLATTS, BARBARA ANN 200 N.E. 10TH AVE. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATTS, BARBARA ANN 200 N.E. 10TH AVE. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80005-001 150.00

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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: *Harry E Platts PRES.* 1-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr