


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90019 007 ***158.75

DOCUMENT # 472576 1. Entity Name BARBARA'S MOVING & STORAGE INC.					
Principal Place of Business 1600 SO POWERLINE RD DEERFIELD BEACH, FL 33442 US			Mailing Address 1600 SO. POWERLINE RD DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business 12200 HW 77 MANOR Suite, Apt. #, etc.		3. Mailing Address 12200 HW 77 MANOR Suite, Apt. #, etc.			
City & State Parkland, FL		City & State Parkland, FL		4. FEI Number 59-1582126	
Zip 33076		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		07112005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent EHRlich, BARBARA 7710 SALEM LANE PARKLAND, FL 33067			7. Name and Address of New Registered Agent Name Ehrlich Barbara Street Address (P.O. Box Number is Not Acceptable) 12200 HW 77 MANOR City Parkland FL Zip Code 33076		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EHRlich, BARBARA 12200 W 77 MANOR PARKLAND, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Ehrlich, Barbara 12200 W 77 MANOR Parkland, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara Ehrlich			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Barbara Ehrlich			Barbara Ehrlich		
7-12-05			753-4811		
Date			Daytime Phone #		