## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT #472576** 1. Entity Name 02-02-2006 90071 028 \*\*\*158.75 BARBARA'S MOVING & STORAGE INC. Principal Place of Business Mailing Address 12200 NW 77 MANOR 12200 NW 77 MANOR PARKLAND, FL 33076 PARKLAND, FL 33076 US 2. Principal Place of Business 3. Mailing Address 93875 Suite, Apt. #, etc. 01182006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For ork ackhan 59-1582126 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EHRLICH, BARBARA Street Address (P.O. Box Number is Not Acceptable) 12200 NW 77 MANOR PARKLAND, FL 33076 Zip Code 7 6 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstation) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Chelich, Berbere 9387 Setimbers Pm ST TITLE TITLE -enange ☐ Addition NAME EHRLICH, BARBARA NAME STREET ADDRESS 12200 NW 77 MANOR STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33078 CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MIF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete IIILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a supplemental report is 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 a supplemental report is 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 a 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 the 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 the 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 the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation o SIGNATURE IGNENG OFFICER OR DIRECTOR

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Feb 02, 2006 8:00 am