


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 475231 |  |
| 1. Entity Name BARRETTA AND ASSOCIATES, INC. | |

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| Principal Place of Business 412 E. OCEAN AVE #1 BOYNTON BEACH, FL 33435 US | Mailing Address 412 E. OCEAN AVE #1 BOYNTON BEACH, FL 33435 US |
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DO NOT WRITE IN THIS SPACE



05062004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1612081 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BARRETTA, JAMES T 5484 WOODLAND DRIVE DELRAY BEACH, FL 33484 |
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**DO NOT WRITE
IN THIS SPACE**

6. 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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDST BARRETTA, JAMES T 5484 WOODLAND DRIVE DELRAY BEACH, FL 33484 |
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05/10/04-80005-013 150.00

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 an officer or trustee empowered.

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| SIGNATURE: _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 5/5/04 <small>Date</small> | (561) 740-0041 <small>Daytime Phone #</small> |
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