2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 504748

1. Entity Name
BARRY MASSIN INC.

Principal Place of Business	Mailing Address
7901 S.W. 120 STREET	7901 S.W. 120 STREET
P.O. BOX 1082	P.O. BOX 1082
MIAMI, FL 33156	MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

02152005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1688983	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KARL, MELVIN B.
90 NORTH BOUNTY LANE
KEY LARGO, FL 33037

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** □ 미미미미미 미미미미미미미미미미

10. OFFICERS AND DIRECTORS

TITLE	PVD	
NAME	MASSIN, BARRY	
STREET ADDRESS	7901 S.W. 120 STREET	
CITY-ST-ZIP	MIAMI FL,	
TITLE	SD	
NAME	MASSIN, FRANDEE	
STREET ADDRESS	7901 S.W. 120 STREET	
CITY-ST-ZIP	MIAMI FL,	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/12/05-80012-012 158.75

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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: *Frandee Massin* FRANDEE MASSIN   3/8/05   305-251-3564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #