


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90033 039 \*\*\*150.00

<b>DOCUMENT # 504748</b> 1. Entity Name <b>BARRY MASSIN INC.</b>					
Principal Place of Business <b>7901 S.W. 120 STREET</b> <b>P.O. BOX 1082</b> <b>MIAMI, FL 33156</b>			Mailing Address <b>7901 S.W. 120 STREET</b> <b>P.O. BOX 1082</b> <b>MIAMI, FL 33156</b>		
2. Principal Place of Business - No P.O. Box # <b>15000 SW 200 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 561082</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>59-1688983</b>	
Zip <b>33107</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRONIN, MORGAN</b> <b>211 N KROME AVE</b> <b>HOMESTEAD, FL 33090</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD</b> <b>MASSIN, BARRY</b> <b>7901 S.W. 120 STREET</b> <b>MIAMI FL,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD</b> <b>MASSIN, BARRY</b> <b>15000 SW 200 ST</b> <b>MIAMI FL 33187</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MASSIN, FRANDEE</b> <b>7901 S.W. 120 STREET</b> <b>MIAMI FL,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MASSIN, FRANDEE</b> <b>15000 SW 200 ST</b> <b>MIAMI FL 33187</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 all other like empowered.					
<b>SIGNATURE: <i>Frandee Massin</i> Frandee Massin</b>			<b>3/4/08 305-251-3564</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40040486



02252008 Chg-P CR2E034 (12/06)