


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 546702**  
 1. Entity Name  
 MSI BARNES & ASSOCIATES, P.A.



Principal Place of Business 2929 EAST COMMERCIAL BLVD. SUITE 409 FT. LAUDERDALE, FL 33308-4296	Mailing Address 2929 EAST COMMERCIAL BLVD. SUITE 409 FT. LAUDERDALE, FL 33308-4296
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1744054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARNES, JOSEPH B. JR.  
 2929 E. COMMERCIAL BLVD.  
 SUITE 409  
 FT. LAUDERDALE, FL

**DO NOT WRITE IN THIS SPACE**

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)  
Signature typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARNES, JOSEPH B, JR 2929 E. COMMERCIAL BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAMAYO, ALFREDO R 1323 AVOCADO ISLE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV INDOWSKY, HYMAN 3925 NE 22ND AVE. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS PETRONE, ALEX E 1440 N.W. 13 AVENUE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REPOSA, RICHARD 2375 NE 29TH ST LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMALL, ADAM F 9224 LAKE SERENA DRIVE BOCA RATON, FL 33496

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 01/16/04-80029-019 150.00

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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: Alex Petrone - V.P. Alex Petrone - V.P. 1/14/04 954-491-1950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #