

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90027 045 ***150.00

DOCUMENT # 582952

1. Entity Name
BARBARA NEIJNA, INC.



Principal Place of Business
**123 SAN LORENZO AVE.
CORAL GABLES, FL 33146**

Mailing Address
**123 SAN LORENZO AVE.
CORAL GABLES, FL 33146**

40110336

2. Principal Place of Business - No P.O. Box #
4268 SW 73RD AVE
Suite, Apt. #, etc.

3. Mailing Address
4268 SW 73RD AVE
Suite, Apt. #, etc.



07082008 Chg-P CR2E034 (12/06)

City & State
MIAMI FLORIDA
Zip
33155 Country
USA

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MIAMI FLORIDA
Zip
33155 Country
USA

4. FEI Number
59-1855573 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMON, SCHINDLER & HURST, PA
2650 BISCAYNE BLVD.
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

BARBARA NEIJNA
(NOTE: Registered Agent signature required when reinstating)

7/9/08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIJNA, BARBARA 3769 MAIN HWY COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEIJNA, BARBARA 3769 MAIN HWY COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEIJNA, BARBARA 3769 MAIN HWY COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIJNA, BARBARA 4268 SW 73RD AVE MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEIJNA, BARBARA 4268 SW 73RD AVE MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEIJNA, BARBARA 4268 SW 73RD AVE MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08
Date

305 264 2460
Daytime Phone #

ATTACHMENT

40110556
582952

Barbara Neijna, Inc.
4268 SW 73rd Avenue
Miami, Florida 33155

July 7, 2008

Re: Annual Report 59-1855573

To Whom it May Concern,

Please be informed that I never received form #582952 to file the Annual Report. There has been a change of corporate address since the last filing. As you will note, I have never filed late in previous years.

Enclosed is the \$150.00 fee required with the 2008 report including all changes.

Thank you for your attention to this matter.

Sincerely yours,



Barbara Neijna, President
Barbara Neijna, Inc.