

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 626596

1. Entity Name
BARENZE ASSOCIATES, INC.



Principal Place of Business
**C/O SANFORD N. REINHARD
2875 NE 191ST STREET
NORTH MIAMI BCH., FL 33180**

Mailing Address
**C/O SANFORD N. REINHARD
2875 NE 191ST STREET
NORTH MIAMI BCH., FL 33180**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1938435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD N., P.A.
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH., FL 33180**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000444182
03/06/06-80042-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDIST, RENEE 123 DEW BOURNE AVE. TORONTO, ON, m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDIST, BARRY DAVID 123 DEW BOURNE AVE. TORONTO, ON, m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDIST, PAUL 123 DEW BOURNE AVE. TORONTO, ON, m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. GOLDIST

1/19/06
Date

416 786 9232
Daytime Phone #