


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # 626596 1. Entity Name BARENZE ASSOCIATES, INC.	
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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
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1938435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 to benefit name of registered agent and when applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GOLDLIST, RENEE 123 DEW BOURNE AVE TORONTO, ON, m6c 1y6
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GOLDLIST, BARRY DAVID 123 DEW BOURNE AVE. TORONTO, ON, m6c 1y6
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S GOLDLIST, PAUL 123 DEW BOURNE AVE. TORONTO, ON, m6c 1y6
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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05/11/07-80025-023 150.00

**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:  **B. GOLDLIST** **4/13/07** **416 782 6569**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #