

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 682663

1. Entity Name
BARUJ, INC



Principal Place of Business
6937 BAY DR APT 207
MIAMI BEACH, FL 33141

Mailing Address
6937 BAY DR APT 207
MIAMI BEACH, FL 33141

FILED
Apr 20, 2005 08:00 AM
Secretary of State



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2029730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ISRAEL, HADASSAH
6937 BAY DRIVE #207
MIAMI BEACH, 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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME SHARBANI, AHUVA
STREET ADDRESS 6937 BAY DRIVE #207
CITY-ST-ZIP MIAMI BEACH FL

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000000317031
04/20/05-80001-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ahuva B Sharbani AHUVA B SHARBANI April 17/05 (305) 865-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #