


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000001740</b> 1. Entity Name BARJEAN INVESTMENT CORP.	
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Principal Place of Business 833 CARRICK BEND CIRCLE, UNIT 203 NAPLES, FL 34110	Mailing Address 833 CARRICK BEND CIRCLE, UNIT 203 NAPLES, FL 34110
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
22-2407511

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BALLIRO, EMANUEL  
833 CARRICK BEND CIRCLE UNIT 203  
NAPLES, FL 34110

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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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLIRO, EMANUEL 833 CARRICK BEND CIRCLE UNIT 203 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALLIRO, JEAN 833 CARRICK BEND CIRCLE UNIT 203 NAPLES, FL 34110
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U00000201554  
01/28/05-80071-012 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emanuel J. Balliro 1/28/05 639-596-591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR