2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005670

1. Entity Name

BARBA TRAVIS ENTERPRISES, INC.

Principal Place of Business 558 MARSH CREEK ROAD

VENICE, FL 34292

Mailing Address

558 MARSH CREEK ROAD VENICE, FL 34292

FILED Jul 31, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 22-3682769

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

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. (INOTE: Registered Agent signature required wiven retristating). DATE							
	Signature, types of privace name or registered agent and rise	a approxime. (NOTE: neglecies	Milet auditoria	required most revision			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIREC	CTORS					
ntle name street address city-st-zip	PVCT BARBA, JOSEPH 186 BROOKLANE ROAD FLORHAM PARK, NJ 07932			U000007708 9 3			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRAVIS, KELLY 558 MARSH CREEK ROAD VENICE, FL 34292				07/31/07-80004-025 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBA, DENA 186 BROOKLANE ROAD FLORHAM PARK, NJ 07932	·	DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS TRAVIS, RYAN 12 F DORADO DRIVE MORRISTOWN, NJ 07960						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 trastee 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/07

973-515-5352

Daytime Phone #