2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State
05-27-2004 90014 007 ***550.00

DOCUMENT # F94000003840

1. Entity Name
STACEY BARI ASSOCIATES INCORPORATED

24077194

Principal Place of Business	Mailing Address
2000 N. OCEAN BLVD. APT. 504 BOCA RATON, FL 33431 US	2000 N. OCEAN BLVD. APT. 504 BOCA RATON, FL 33431 US

05202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7783 La Corniche Cir	7783 La Corniche Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL.	City & State: Boca Raton, Fl
Zip: 33433 Country: USA	Zip: 33433 Country: USA

4. FEI Number 22-3262220 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REIFER, SONDRA
2000 NO. OCEAN BLVD. APT. 504
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Reifer, Sondra
Street Address (P.O. Box Number is Not Acceptable): 7783 La Corniche Circle
City: Boca Raton FL Zip Code: 33433

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: Sondra Reifer DATE: 5/25/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	REIFER, SONDRA	NAME	
STREET ADDRESS	2000 NO. OCEAN BLVD.	STREET ADDRESS	7783 La Corniche Circle
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	Boca Raton, Fl. 33433
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: Sondra Reifer Sondra Reifer (561) 347-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #