

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000005810**

1. Entity Name  
**BARKLEY FINANCIAL CORP.**



Principal Place of Business  
**100 W CYPRESS CREEK RD  
820  
FT LAUDERDALE, FL 33309**

Mailing Address  
**100 W CYPRESS CREEK RD  
820  
FT LAUDERDALE, FL 33309**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0548729** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STUART, RUBIN  
100 W. CYPRESS CREEK RD.  
820  
FT. LAUDERDALE, FL 33309**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**000000131269  
04/26/04-80148-017 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | P                       |
| NAME           | RUBIN, STUART           |
| STREET ADDRESS | 2720 NE 48 CT           |
| CITY-ST-ZIP    | POMPANO BEACH, FL 33064 |
| TITLE          | VP                      |
| NAME           | SCHWARTZ, STEVEN        |
| STREET ADDRESS | 682 VERONA CT           |
| CITY-ST-ZIP    | WESTON, FL 33326        |
| TITLE          | VP                      |
| NAME           | PARKER, PATRICK         |
| STREET ADDRESS | 6711 E CYPRESS HEAD DR  |
| CITY-ST-ZIP    | PARKLAND, FL 33067      |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

**DO NOT WRITE  
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)(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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR