


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90057 004 \*\*\*150.00

<b>DOCUMENT # F98000000838</b>	
1. Entity Name <b>BARBRENA, INC.</b>	

Principal Place of Business <b>20052 JONES LANE PONCHATOULA, LA 70454</b>	Mailing Address <b>20052 JONES LANE PONCHATOULA, LA 70454</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**40117137**



05032007 Chg-P CR2E034 (12/06)

4. FEI Number <b>72-1327709</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>WILLIAMS, CONNIE</b>	Name
<b>19129 S.E. ROBERT DRIVE</b>	Street Address
<b>JUPITER, FL 33469</b>	City
	FL Zip Code

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 *Connie Williams* DATE *5/11/07*

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD AUTHEMENT, BARBRENA 20052 JONES LANE PONCHATOULA, LA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>She is all the officers</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: *Barbara Autement* DATE: *5/11/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATTACHMENT**  
**Division of Corporations**

40117197

**Annual Report**Annual Report Help

Document Number

**F98000000838**

Business Entity Name

**BARBRENA, INC.**

FEI Number

721327709

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

20052 JONES LANE

Suite, Apt. #, etc.

City, State

PONCHATOULA

LA

Zip Code &amp; Country

70454

**Mailing Address**

Address

20052 JONES LANE

Suite, Apt. #, etc.

City, State

PONCHATOULA

LA

Zip Code &amp; Country

70454

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

WILLIAMS

CONNIE

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

19129 S.E. ROBERT DRIVE

Suite, Apt. #, etc.

City, State

JUPITER

FL

Zip Code &amp; Country

33469

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PSTD  
Name (Last, First, Middle, Title) AUTHEMENT, BARBRENA

- OR -

Entity Name to serve as Officer/Director

Street Address 20052 JONES LANE

City, State PONCHATOULA, LA

Zip Code & Country

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title