



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K20939</b> 1. Entity Name <b>BARRY CREATIONS OF PLANTATION, INC.</b>			
Principal Place of Business <b>2050 S. UNIVERSITY DR. DAVIE, FL 33324 US</b>		Mailing Address <b>2050 S. UNIVERSITY DR. DAVIE, FL 33324 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 03082007 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>65-0046314</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GROSSFELD, SERIL L. 8 S.E. 8TH ST. FT. LAUDERDALE, FL 33316</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
<b>10. OFFICERS AND DIRECTORS</b>		U00000676841 03/30/07-80077-008 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ELBAUM, BARRY 2050 S UNIVERSITY DR DAVIE, FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>ELBAUM, SHARON 2050 S UNIVERSITY DR DAVIE, FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
<b>SIGNATURE</b> <i>Sharon Elbaum</i>		<b>SHARON ELBAUM</b> 3/19/07 954-473-2300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	