## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K52988

Address:

City-St-Zip:

546 20TH AVE., N.E.

ST. PETERSBURG, FL

FILED Jan 11, 2008 Secretary of State

Entity Na	me: BARLINI	DA CORPORATI	ON				
Current Principal Place of Business:				New Principal	New Principal Place of Business:		
546 20TH	AVE NE						
#1 ST PETER	RSBURG, FL	33704					
Current Mailing Address:				New Mailing Address:			
546 20TH	AVE NE						
#1 ST PETER	RSBURG, FL	33704					
FEI Number	: 59-2922935	FEI Number Ap	plied For()	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Add	Name and Address of New Registered Agent:		
DEVINCENTE, JOSE M. 546 20TH AVE., N.E. ST. PETERSBURG, FL 33704 US				546 20TH AVE.	DEVICENTE, JOSE M. 546 20TH AVE., N.E. ST. PETERSBURG, FL 33704 US		
	e named entity e of Florida.	submits this stat	ement for the p	urpose of changing its re	gistered office or registered agent, or both,		
SIGNATURE: JOSE M DEVICENTE					01/11/2008		
	Electro	nic Signature of I	Registered Age	nt	Date		
Election Ca	mpaign Financir	ng Trust Fund Cont	ribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STD ( DEVICENTE, R 546 20TH AVE ST. PETERSB	., N.E.		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD ( GAY, BARRY V 3250 DAISY L BLAIRSVILLE,	OG ROAD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name:	PD ( DEVICENTE, J	) Delete IOSE,		Title: Name:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSE M. DEVICENTE STD 01/11/2008