


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90012 040 \*\*\*\*\*50.00

<b>DOCUMENT # L04000066245</b> 1. Entity Name <b>BARNES INTERNATIONAL, LLC</b>					
Principal Place of Business <b>1728 CORAL WAY MIAMI, FL 33145</b>			Mailing Address <b>1728 CORAL WAY MIAMI, FL 33145</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1600432</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROCHU, KARL		NAME		
STREET ADDRESS	1728 CORAL WAY		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33145		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE SAINT VINCENT, THIBAUD		NAME		
STREET ADDRESS	1728 CORAL WAY		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33145		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARNIER, JEAN-MARC		NAME		
STREET ADDRESS	1728 CORAL WAY		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33145		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIRGOULAY, EMMANUEL		NAME		
STREET ADDRESS	1728 CORAL WAY		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33145		CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>TROCHU</u>			<b>8-23-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		