


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L11550 1. Entity Name THE BARRY MANN ORCHESTRA INC.		
Principal Place of Business C/O BARRY R. MANN 4148 S.W. 70TH COURT MIAMI, FL 33155		Mailing Address C/O BARRY R. MANN 4148 S.W. 70TH COURT MIAMI, FL 33155
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MANN, BARRY R. 4148 S.W. 70TH COURT MIAMI, FL 33155		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-rating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	MANN, BARRY R.	
STREET ADDRESS	4148 S.W. 70TH CT.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	
NAME	GRIFFITH, JACK	
STREET ADDRESS	4148 SW 70 COURT	
CITY-ST-ZIP	MIAMI, FL	
TITLE	V	
NAME	MANN, DARLENE M	
STREET ADDRESS	4148 SW 70TH COURT	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
SIGNATURE: <u>Barry Mann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/27/06</u> <u>305 281 9146</u> <small>Date Daytime Phone #</small>



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0140531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000407829
02/08/06-80034-021 150.00

**DO NOT WRITE
IN THIS SPACE**