2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # L65063 1. Entity Name BARTLEY & BARTLEY ENTERPRISES, INC. Mailing Address Principal Place of Business % ALLAN BARTLEY 9785 SW 143 ST MIAMI FL 33176 % ALLAN BARTLEY 9785 SW 143 ST MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0185213 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTLEY, ALLAN 9785 SW 143 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when teinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Addition Delete TITLE Change BARTLEY, ALLAN NAME MAME U00000308705 STREET ADDRESS 9785 SW 143 ST STREET ADDRESS ŭ4/16/05-80087-023 **150.00** CITY ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete DILE Change ☐ Addition BARTLEY, MARLENE NAME NAME 9785 SW 143 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CHY-SI-ZIP HILL Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete utte Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THEE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. 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 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

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SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR