

.2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # M28179

1. Entity Name

BAREFOOT MAILMOMS, INC.



Principal Place of Business

**900 E ATLANTIC BLVD
STE #12
POMPANO BEACH FL 33060
US**

Mailing Address

**PO BOX 10897
POMPANO BEACH FL 33060
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2690373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AKBARI, CHARLOTTE
2728 NE 31ST ST
LIGHTHOUSE POINT FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME AKBARI, CHARLOTTE
STREET ADDRESS 2728 NE 31ST ST
CITY-STATE-ZIP LIGHTHOUSE POINT FL

TITLE ☐ Change ☐ Addition
NAME 1100000805298
STREET ADDRESS 02/05/08-80103-018 150.00
CITY-STATE-ZIP

TITLE V ☐ Delete
NAME AKBARI, CYRUS
STREET ADDRESS 2728 NE 31ST ST
CITY-STATE-ZIP LIGHTHOUSE POINT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S ☐ Delete
NAME AKBARI, CHERINE
STREET ADDRESS 2728 NE 31ST ST
CITY-STATE-ZIP LIGHTHOUSE POINT FL

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cyrus Akbari **CYRUS AKBARI**

1-28-08

954-782-4362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #