

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90019 002 ***150.00

DOCUMENT # P00000009756

1. Entity Name

BARFIELD MANAGEMENT, INC.



Principal Place of Business

**480 NE 56TH ST
MIAMI FL 33137**

Mailing Address

**480 NE 56TH ST
MIAMI FL 33137**

2. Principal Place of Business

116 N.E. 16TH Place
Suite, Apt. #, etc.

3. Mailing Address

116 N.E. 16TH Place
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Fort Lauderdale, FL

Zip

33305

Country

Broward

City & State

Fort Lauderdale, FL

Zip

33305

Country

Broward

4. FEI Number

65-0993634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVINSON, EDWARD E
FINANCIAL FEDERAL BLDG PH-E
407 LINCOLN RD
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE **D** ☐ Delete
NAME **BARFIELD, DEBBI-STARR**
STREET ADDRESS **480 NE 56TH ST**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Delete
NAME **BARFIELD, JOHN O**
STREET ADDRESS **480 NE 56TH ST**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Barfield, Debbi-Starr**
STREET ADDRESS **116 N.E. 16TH Place**
CITY-ST-ZIP **Ft. Lauderdale, FL 33305**

TITLE **D** ☒ Change ☐ Addition
NAME **Barfield, John O**
STREET ADDRESS **116 N.E. 16TH Place**
CITY-ST-ZIP **Ft. Lauderdale, FL 33305**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbi-Starr Barfield **Debbi-Starr Barfield** **2-18-04** **(954) 524-3095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #