2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

DOCUMENT # P0000016954 1. Enity Name BARPROP CORP.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J			
Principal Plac	e of Business	Mailing Address								
231 NE 21ST STREET 900 E ATLANTIC BLVD) -	=	!					
POMPANO BEACH, FL 33060 STE 17 POMPANO BEACH, FL			22060		1					
-		FUNITANO DEAUN, FL	22000		\$ (0.00 (10.000)))))	EBIN BBNA DBNA DBNA A	lm seeli muu lim	3 (EM) 3 888 3 88	HER IN	
2. Principal Place of Business		3. Mailing Address								
Stine, Apt. #, etc.		Suite, Apt. #, etc.		03062006	Chg-P	CR2E03	4 (11/05)			
City & State		City & State		4. FEI Number 65-1004			J	plied For X Applicable		
Zip	Country	Zip	Coun	itry	5. Certificate of	of Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New	Registered At	gent		
				Name	lame					
STUPARITZ, ALAN D 900 E ATLANTIC BLVD STE 17				Street Address (P.O. Box Number is Not Acceptable)						
	D BEACH, FL 33060	-		}						
			City				FL	Zip Cod	9	
	named entity submits this statement failions of registered agent.		s registere	ed office or regi	istered agent, or both	i, in the State of F	ilorida. I am la	miliar with,	and accept	
!	Signature, typed or printed name of registered agen	t and title if applicable (NOT	ne. Registere	d Agent signature reci	(urred when reinstating)		DATE			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	ino Finer							
Arter M	ay 1, 2006 Fee will be \$550				\$5.00 May Be Added to Fees					
After M:	ay 1, 2008 Fee will be \$550 OFFICERS AND	.gg Trust Fund Con			Added to Fees	CHANGES TO OF	FICERS AND D	DIRECTOR	s in tr	
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12. Thereby certify that the information supplied with this lifting 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 cath, that I am an officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 807, 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: _

SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING DEFICER OR DIRECTOR

24/2006 413-662-287