2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an

SIGNATURE: <

Mar 08, 2004 8:00 am **Secretary of State** DOCUMENT # P00000044455 03-08-2004 90027 046 ***150.00 BARBIZON 101, INC. Principal Place of Business Mailing Address 5804 TYLER STREET 5804 TYLER STREET HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite; Apt. #, etc. Suite, Apt. #, etc. Chg-P 03022004 CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 03-0472022 Not Applicable Zip Zip 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 ALLAN INCKER SILLER, MARKEL Street Address (P.O. Box Number is Not Acceptable) 5804 TYNER STREET 5802 TYLER STREET HOLLX/10QD, FL 33021 HOLLYWOOD 8. The above named entity submits this attendent 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regit 9. Election Campaign Financing \$5.00 May Be-FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Delete Change TITLE Addition TITLE CHIAPPA, ANDREA NAME NAME STREET ADDRESS 530 OCEAN DR PN 4 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33139 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition PAGGIN, GIORGIO NAME NAME 5804 TYLER STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33021 ACITY-ST-ZIP CITY-ST-ZIP AS TUCKER, H. ALLAN CTITLE Delete TITLE ☐ Addition TUCKER, H. ALLEN NAME NAME 5802 TYLER STREET 5802 TYLER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP 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 en awared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED