

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069235

Entity Name: BARBOSA ENTERPRISES, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

47 NANCY LN
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1701
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3659291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M
4481 LEGENDARY DR.
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARBOSA, ANTONIO C
Address: PO BOX 6458
City-St-Zip: DESTIN, FL 32550

Title: D () Delete
Name: BARBOSA, CARLENE W
Address: PO BOX 6458
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARBOSA, ANTONIO C
Address: PO BOX 1701
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change () Addition
Name: BARBOSA, CARLENE W
Address: PO BOX 1701
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLENE WESSEL BARBOSA

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date