


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P00000078837

1. Entity Name
BARWISE INC.



FILED
04 JAN -8 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2290 Oleander Road Suite, Apt. #, etc.		3. Mailing Address 2290 Oleander Rd Suite, Apt. #, etc.	
City & State St James City, FL	City & State St James City, FL	4. FEI Number 65-1030262	Applied For <input type="checkbox"/> Not Applicable
Zip 33956	Country US	Zip 33956	Country US

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JORDAN, Tim	
	Street Address (P.O. Box Number is Not Acceptable) 2290 Oleander Rd	
	City St James City	Zip Code FL 33956

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  **12/01/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME JORDAN, BRIAN	TITLE 800027768568	DO NOT WRITE IN THIS SPACE
STREET ADDRESS 481 NE. 72 St.	STREET ADDRESS 2290 Oleander Rd.	STREET ADDRESS 01/29/04-01020--025 **300.00	
CITY-ST-ZIP MIAMI, FL 33138	CITY-ST-ZIP St James City, FL 33956	CITY-ST-ZIP	
TITLE VP	NAME JORDAN, Tim	TITLE	
STREET ADDRESS 2290 Oleander Rd.	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP St James City, FL 33956	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
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TITLE	NAME	TITLE	
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CITY-ST-ZIP	CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **12/1/03** **786-817-4551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034B (12/02)

**Law Offices of
Craig M. Dorne, P.A.**

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January 7, 2004

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Barwise, Inc.

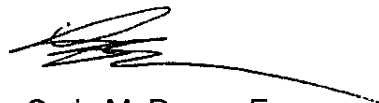
To whom it may concern:

The undersigned is requesting the waiver of the penalty for reinstatement of the above corporation as the annual report for last year was not received by the company. Enclosed herewith is the Uniform Business Report for reinstatement.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

The Law Offices of
Craig M. Dorne, P.A.



Craig M. Dorne, Esq.
For the Firm

CMD/ig
Enclosure