2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P00000106692 1. Entity Name 04-26-2004 90546 049 ***150.00 BARTT, INC. Principal Place of Business Mailing Address 14 N.W. 1ST AVENUE 10361 N.W. 11TH COURT **DANIA FL 33004** PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address 4 N. W. IST AVEAUR CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-1051175 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAKER, ALICE Street Address (P.O. Box Number is Not Acceptable) 10361 NW 11TH COURT PLANTATION FL 33322 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS · ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change Addition ÝΡ TITLE TITLE ☐ Delete TOLBERT, GARY NAME NAME STREET ADDRESS 10256 SW 12TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE BAKER, ALICE MANAS NAME 10361 NW 11TH COURT STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-71P ☐ Change ■ Addition ☐ Delete HTLE TITLE NAME RUTLEDGE, FRED * ---NAME STREET ADDRESS STREET ADDRESS 6881 NW 44TH COURT CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED