

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

04-10-2008 90028 005 \*\*\*150.00

**FILED**  
P00000113590

08 AUG -7 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**40064346**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3692434</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DOCUMENT # P00000113590</b>	
1. Entity Name <b>BARBOSA PLAZA, II, INC.</b>	



Principal Place of Business <b>9 PALM HARBOUR VILLAGE WAY PALM COAST, FL 32137</b>	Mailing Address <b>65 BOSTON LN PALM COAST, FL 32137</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BARBOSA, JOAQUIN A 65 BOSTON LN PALM COAST, FL 32137</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOSA, JOAQUIM A 65 BOSTON LN PALM COAST, FL 32137
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: Joaquin A Barbosa  
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

8/5/08 386 931 1996  
Date Daytime Phone #

KS