2005 FOR PROFIT CORPORATION ANNUAL REPORT

ABAVULLY
SIGNATURE AND TYPED OR PRINCES OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED
Apr 11, 2005 08:00 A
Secretary of State

DOCUMENT # P01000017231 1. Entity Name BARRINGTON TRANSPORT, INC. Principal Place of Business 2515 N.E. 208TH TERRACE Mailing Address 2515 N.E. 208TH TERRACE				Secretary of St	
NORTH MIAMI BEACH, FL 33180 NORTH MIAMI BEACH, FL 33180 DO NOT WRITE IN THIS SPAC 6. Name and Address of Current Registered Agent BARRINGTON, AARON 2515 N.E. 208TH TERRACE				04062005 4. FEI Numbe 65-1076 5. Certificate	
NORTH MIAMI BEACH, FL 33180 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 Signature, typed or printed name of registered agent and tife if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing _ \$5.	00 May Be	DATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PSTD BARRINGTON, AARON 2515 N.E. 208TH TERRACE NORTH MIAMI BEACH, FL 33180	RECTORS			U00000255458 04/11/05-80067-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			, p.		NOT WRITE HIS SPACE
STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated	certify that the information supplied with the	is filing does not qualify for the exer	mption stated in Se	otion 119.07(3)(i)	, Florida Statutes. I further certify that the information as if made under path, that I am an officer or director
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 Black 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					