## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000033199

FILED Jun 10, 2008 Secretary of State

| Entity Name: BARBIE'S                                     | S DOCUMENT SERVICES INC          | D.  |  |
|---|----------------------------------|---|--|
| Current Principal Place of Business:                      |                                  | New Principal Place of Business:          |  |
| 7667 NW 50TH STREET<br>1ST FLOOR<br>MIAMI, FL 33166       | -                                |   |  |
| Current Mailing Address:                                  |                                  | New Mailing Address:                      |  |
| 17845 SW 149 AVE.<br>MIAMI, FL 33187                      |                                  |   |  |
| FEI Number: 65-1088306                                    | FEI Number Applied For ( )       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent:             |                                  | Name and Address of New Registered Agent: |  |
| POZO, BARBARA C<br>17845 SW 149 AVE<br>MIAMI, FL 33187 US |                                  |   |  |
| The above named entity in the State of Florida.           | submits this statement for the p | ourpose of changing its registered        | d office or registered agent, or both, |
| SIGNATURE:  |                                  |   |  |
| Electro   | nic Signature of Registered Age  | ent                                       | Date                                   |
|   |                                  |   |  |
|   |                                  |   |  |

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition Title: P/S Title: VICTORE RODRIGUEZ, JORGE POZO, BARBARA C Name: Name: 17845 SW 149 AVE Address: 17845 SW 149 AVE Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: MIAMI, FL 33187

Title: VP/D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 POZO, BARBARA C
 Name:

 Address:
 17845 SW 149 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33187
 City-St-Zip:

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: BARBARA C. POZO P/S 06/10/2008