


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

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90026 021 \*\*\*150.00

**DOCUMENT # P01000079625**

1. Entity Name  
**BARBARA LAMAR, P.A.**



Principal Place of Business      Mailing Address  
**601 TIZIANO AVE**      **601 TIZIANO AVE**  
**CORAL GABLES FL 33143**      **CORAL GABLES FL 33143**

2. Principal Place of Business      3. Mailing Address  
**300 GREENWOOD DR.**      **300 GREENWOOD DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**KEY BISCAYNE, FL.**      **KEY BISCAYNE, FL.**  
 Zip      Country      Zip      Country  
**33149**      **USA**      **33149**      **U.S.A.**



MOORE - CR2E034 (11/03)

4. FEI Number      Applied For  
**65-1153149**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCNALLY, JAMES J.**  
**2655 LEJEUNE ROAD STE 804**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name      **BARBARA LAMAR P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**300 GREENWOOD DR.**  
 City      **KEY BISCAYNE**      FL      Zip Code      **33149**

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      *Barbara Lamar P.A.*      DATE      **2-9-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMAR, BARBARA	
STREET ADDRESS	<del>601 TIZIANO AVE</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL 33143</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>300 GREENWOOD DR</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE, FL. 33149</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:      *Barbara Lamar P.A.*      DATE      **2-9-04**      DAYTIME PHONE #      **305-776-8785**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #