## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 AN Secretary of State DOCUMENT # P01000117512 1. Entity Name BARRON ENTERPRISE INC. " Principal Place of Business Mailing Address 3015 NW 205TH STREET P.O. BOX 820683 PEMBROKE PINES, FL 33082 MIAMI, FL 33056 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0003717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARRON, YANCEY C SR DO NOT WRITE **3015 NW 205TH STREET** MIAMI, FL 33056 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. Sonature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature regulaed when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000545328 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPS TITLE BARRON, YANCEY C SR NAME 20630 NW 33RD AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33056 TITLE STREET ADDRESS CITY-SI-ZIP STREET ADDRESS DO NOT WRITE ÇITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CRY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/06

786-859+629

FILED