2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90255 002 ***150.00

DOCUMENT # P02000030080

1. Entity Name
BARBELLO PROPERTIES,INC.

Principal Place of Business	Mailing Address
~~7810 KINGSPOINTE PKWY., SUITE 107~~ ORLANDO, FL 32819	~~7810 KINGSPOINTE PKWY., SUITE 107~~ ORLANDO, FL 32819

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7575 KINGSPOINTE PARKWAY	SAME
Suite Apt # etc SUITE 9	Suite Apt # etc
City & State ORLANDO, FLORIDA	City & State
Zip 32819 Country ORANGE	Zip Country

4. FEI Number
73-1633843
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARVALHO, ENIO ~~7810 KINGSPOINTE PKWY., SUITE 107~~ ORLANDO, FL 32819	Name Street Address (P.O. Box Number is Not Acceptable) 7575 KINGSPOINTE PARKWAY SUITE 9 City FL Zip Code ORLANDO FL 32819

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 the registered agent.

SIGNATURE Enio Carvalho DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARINAS, FROILAN DR. ~~7810 KINGSPOINTE PKWY., SUITE 107~~ ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7575 KINGSPOINTE PARKWAY, SUITE 9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELLO, ANDRES DR. ~~7810 KINGSPOINTE PKWY., SUITE 107~~ ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7575 KINGSPOINTE PKWY, SUITE 9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARVALHO, ENIO ~~7810 KINGSPOINTE PKWY., SUITE 107~~ ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7575 KINGSPOINTE PKWY, SUITE 9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Enio Carvalho, sec 4/20/04 407 363-0154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #