## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000038967**

1. Entity Name

PRINCESS BARBARA, CORP.



FILED Feb 23, 2004 8:00 am Secretary of State

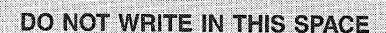
02-23-2004 90036 004 \*\*\*150.00

Principal Place of Business

3530 SW 136 AVE. MIAMI. FL 33175

Mailing Address

3530 SW 136 AVE. MIAMI, FL 33175





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02182004

No Chg-P

CR2E034 (10/03)

4. FEI Number 73-1636190

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINILLĄ, BARBARA 3530 SW 136 AVE. MIAMI, FL 33175

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the oblig	ations of experienced action.	uriging its registered office or registered agent, or both, in	the State of Florida.	I am familiar with, and accep	t
<b>3</b>	: Medle			•	
SIGNATURE	10 HALLO		, .		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		NATE .	

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 TITLE NAME MEDINILLA, BARBARA STREET ADDRESS 3530 SW 136 AVE. CITY-ST-ZIP MIAMI, FL 33175 TITLE MEDINILLA, MOISES STREET ADDRESS 3530 SW 136 AVE. CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 changed, or on an attacking the property of the composition of the compositio

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #