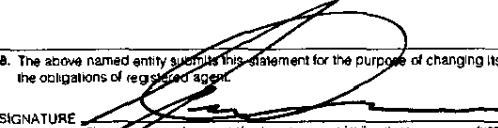
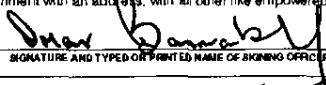


FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90359 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000040144		
1. Entity Name BARNABY BROTHERS INC.		
Principal Place of Business 1001 N FEDERAL HWY #206 HALLANDALE, FL 33009		Mailing Address 1001 N FEDERAL HWY #206 HALLANDALE, FL 33009
2. Principal Place of Business 2121 NW 139th St Suite, Apt. #, etc. BAY 15	3. Mailing Address 4521 Hollywood Blvd Suite, Apt. #, etc.	☒ CHECK HERE IF MAKING CHANGES
City & State Miami, Florida	City & State Hollywood, Florida	
Zip 33054	Country USA	4. FFI Number 61-1410866
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GOLDMAN, JEROME E ESQ 1001 N FEDERAL HWY #206 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Jerome E. Goldman, Esq. Street Address (P.O. Box Number Is Not Acceptable) 4521 Hollywood Blvd City Hollywood FL Zip Code 33021
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:  (Jerome E. Goldman) DATE: 7/17/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when shortlisting)		
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNABY, GEORGE 2121 NW 139TH STREET BAY 15 MIAMI, FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNABY, OMAR 2121 NW 139TH STREET BAY 15 MIAMI, FL 33054 ☐ 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
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)(1), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/17/03 954-986-1643 Date Daytime Phone

CR2634 (10/02)