

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90161 026 ***150.00

DOCUMENT # P02000047962

1. Entity Name
BARNIANA INC.



Principal Place of Business

20000 SW 232 ST
MIAMI, FL 33170

Mailing Address

10111 SW 142ND STREET
MIAMI, FL 33176

2. Principal Place of Business

3. Mailing Address

20000 SW 232 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

Country

Zip

33170

Country

USA

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

03-0436727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLON, BARNEY
10111 SW 142 ST
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name Barney Castellon

Street Address (P.O. Box Number is Not Acceptable)

20000 SW 232 Street

City MIAMI

FL

Zip Code 33170

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

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	PTD CASTELLON, BARNEY	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	10111 SW 142ND STREET MIAMI, FL 33176	
TITLE NAME	SVD CASTELLON, ANA	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	10111 SW 142ND STREET MIAMI, FL 33176	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04