


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90030 049 ***150.00

DOCUMENT # P02000103247
 1. Entity Name
BARBARA BRENNAN INTERNATIONAL INC.



Principal Place of Business: **500 NE SPANISH RIVER BLVD., SUITE 6 BOCA RATON FL 33431**
 Mailing Address: **500 NE SPANISH RIVER BLVD., SUITE 6 BOCA RATON FL 33431**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc. **Suite # 208**

City & State

4. FEI Number: **04-3714987**
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
BRENNAN, BARBARA
500 NE SPANISH RIVER BLVD., SUITE 6 SUITE # 208
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: _____

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

| | |
|--|---------------------------------|
| TITLE: D | <input type="checkbox"/> Delete |
| NAME: BRENNAN, BARBARA | |
| STREET ADDRESS: 500 NE SPANISH RIVER BLVD., SUITE 6 | |
| CITY-ST-ZIP: BOCA RATON FL 33431 | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| 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: *Barbara A Brennan* **1/27/04** **361-620-8767**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #