,2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2004 08:00 AM Secretary of State DOCUMENT # P02000124841 1. Entity Name BARRY ROSS INC. Principal Place of Business Mailing Address 11039 RIOS ROAD 11039 RIOS ROAD BOCA RATON, FL 33498 BOCA RATON, FL 33498 03062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0847977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSS, BARRY DO NOT WRITE 11039 RIOS ROAD BOCA RATON, FL 33498 IN THIS SPACE 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 colligations of registered agent. SIGNATURE. Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon reinstating) STAG 9. Election Campaign Financing \$5.00 May Be 03/10/04-80020-013 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE ROSS, BARRY NAME STREET ADDRESS 11039 RIOS ROAD CITY-ST-ZIP BOCA RATON, FL 33498 TITLE ROSS, BARRY STREET ADDRESS 11039 RIOS ROAD CITY-ST-ZIP BOCA RATON, FL 33498 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turther 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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGHATURE AND TYPED OR BUILDED HAME OF SIGNING OFFICER OF DIRECTOR

Sal-25-ACO

FILED