


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000128550

1. Entity Name
BARBARA A. REISER & COMPANY, INC.



Principal Place of Business 2199 PONCE DE LEON BLVD 5TH FLOOR CORAL GABLES, FL 33134	Mailing Address 2199 PONCE DE LEON BLVD 5TH CORAL GABLES, FL 33134
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08072007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3090169	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COOPER, BONNIE L P.A.
 50 WEST MASHTA DR., STE 4
 KEY BISCAYNE, FL 33149**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISER, BARBARA A 2199 PONCE DE LEON BLVD 5TH FLOOR CORAL GABLES, FL 33134
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12: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Reiser* **8/7/08** (305) 448-1611 x109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #