

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90011 020 ***150.00



DOCUMENT # P0300006945

1. Entity Name
 JOSEPH BARBARO, INC.

Principal Place of Business: ~~2900 NE 14TH CSWY SUITE 105 POMPANO BEACH FL 33065~~
 Mailing Address: ~~2900 NE 14TH CSWY SUITE 105 POMPANO BEACH FL 33065~~



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: 1103 Summer St., Palm Springs, Florida
 3. Mailing Address: 1103 Summer St., Palm Springs, Florida

4. FEI Number: AP-PLIED FOR
 Applied For: Not Applicable:

Zip: 33461 Country: USA

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

6. Name and Address of Current Registered Agent: SPIEGEL & UTRERA, P.A., 1840 SW 22ND ST., 4TH FLOOR, MIAMI FL 33145

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, 2005 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: PSTD <input type="checkbox"/> Delete	NAME: BARBARO, JOSEPH J.
STREET ADDRESS: 2900 NE 14TH CSWY, STE 105	CITY-ST-ZIP: POMPANO BEACH FL 33065
TITLE: <input type="checkbox"/> Delete	NAME: BARBARO, Joseph J.
STREET ADDRESS: 1103 Summer St.	CITY-ST-ZIP: PALM SPRINGS, FL 33461
TITLE: <input type="checkbox"/> Delete	NAME: PALM SPRINGS, FL
STREET ADDRESS: 33461	CITY-ST-ZIP: 33461
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: _____
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: *[Signature]* Date: 3/25/05