2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: X

Feb 02, 2004 8:00 am Secretary of State DOCUMENT # P03000025661 02-02-2004 90040 044 ***150 00 BARRIOS INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 14700 SW 78 AVE 14700 SW 78 AVE MIAMI, FL 33158 MIAMI, FL 33158 3. Mailing Address 2. Principal Place of Business 3730 KUMQUAT AVE 3730 KUMQUAT AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For COCONUT GROVE GROUE OCONUT <u>30-0155369</u> Not Applicable Zip 33133 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRIOS , ANGEL A BARRIOS, ANGEL A Street Address (P.O. Box Number is Not Acceptable) 14700 SW 78 AVE MIAMI, FL 33158 3730 KUMQUAT AVE. COCONUT GROVE 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 registe BARRIOS SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Change ☐ Delete TITLE ☐ Addition TITLE BARRIOS, ANGEL A NAME BARRIOS, ANGEL A. NAME 3730 KUMBUATAVE STREET ADDRESS 14700 SW 78 AVE STREET ADDRESS COCONUT GROVE, FL 33133 MIAMI, FL 33158 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE BARRIOS, REGLA M. BARRIOS, REGLA M NAME NAME 3730 KUMQUAT AVE 14700 SW 78 AVE STREET ADDRESS STREET ADDRESS OCONUT BROUB, FL 33133 MIAMI, FL 33158 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

INGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. BARRIOS 1-30-04

FILED