FILED 2006 FOR PROFIT CORPORATION May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P03000057279** BARCELONA MANAGEMENT, CORP. Principal Place of Business Mailing Address 1023 NW 3RD AVENUE 1023 NW 3RD AVENUE MIAMI, FL 33136 MIAMI, FL 33136 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2119656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YUKEN, SALOMON 1023 NW 3RD AVENUE MIAMI, FL 33136 IN THIS SPACE 5. 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_ Signalure, typed or primed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May 69 FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE YUKEN, SALOMON NAME STREET ADDRESS 1023 NW 3RD AVENUE CCCY-ST-ZSP MIAMI, FL 33136 TITLE NAME 11000000555025 STREET ADDRESS 05/16/06-80018-009 158.75 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C)7Y-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 and except are 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 employees to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all preprike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR