2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 08:00 AN Secretary of State 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 04302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2119656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YUKEN, SALOMON DO NOT WRITE 1023 NW 3RD AVENUE MIAMI, FL 33136 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 0000000346066 05/30/08-80033-015 158.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE YUKEN, SALOMON NAME STREET ADDRESS 1023 NW 3RD AVENUE CITY-ST-ZIP MIAMI, FL 33136 BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE " IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental point is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee or trustee or the 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 officer or the 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 officer or the exemptions.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

<u>305)374-44 19</u>

FILED