

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90054 004 \*\*\*150.00

<b>DOCUMENT # P03000123478</b> 1. Entity Name <b>BAR TELCOM, INC.</b>			
Principal Place of Business <b>3901 SW 47AVE</b> <b>414</b> <b>DAVIE, FL 33314</b>		Mailing Address <b>3901 SW 47AVE</b> <b>414</b> <b>DAVIE, FL 33314</b>	
2. Principal Place of Business - No P.O. Box # <b>3711 SW 47 AVE</b> Suite, Apt. #, etc. <b>201</b>		3. Mailing Address <b>3711 SW 47 AVE</b> Suite, Apt. #, etc. <b>201</b>	
City & State <b>DAVIE, FLA</b> Zip <b>33314</b> Country <b>USA</b>		City & State <b>DAVIE, FL</b> Zip <b>33314</b> Country <b>USA</b>	
4. FEI Number <b>20-0354336</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>PIERRE-LOUIS, MACIE N</b> <b>3901 SW 47 AVE</b> <b>414</b> <b>DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name <b>Pierre-Louis, MARIE N</b> Street Address (P.O. Box Number is Not Acceptable) <b>3711 SW 47 AVE</b> City <b>201</b> <b>DAVIE</b> <b>FL</b> Zip Code <b>33314</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>PIERRE-LOUIS, MACIE N</b> STREET ADDRESS <b>3901 SW 47 AVE 414</b> CITY-ST-ZIP <b>DAVIE, FL 33314</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Pierre-Louis, MARIE</b> STREET ADDRESS <b>3711 SW 47 AVE 201</b> CITY-ST-ZIP <b>DAVIE, FL 33314</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/18/08</u> Daytime Phone # _____	