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Secretary of State

05-23-2005 90008 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000023466

1. Entity Name
THE BARRISTER GROUP, P.A.

66022013

Principal Place of Business	Mailing Address
BISCAYNE BLDG 19 W FLAGLER ST MIAMI, FL 33130	BISCAYNE BLDG 19 W FLAGLER ST MIAMI, FL 33130

05172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
610 NW 183 ST.	←
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.
City & State: MIAMI GARDENS, FL	City & State
Zip: 33169 Country: USA	Zip Country

4. FEI Number: 86-1096293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENJAMIN, CHRISTOPHER E ESQ
BISCAYNE BLDG 19 W FLAGLER ST
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: CHRISTOPHER BENJAMIN, ESQ
Street Address (P.O. Box Number is Not Acceptable): 610 NW 183 STREET
SUITE 201
City: MIAMI GARDENS FL Zip Code: 33169

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: [signature] 5/17/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BENJAMIN, CHRISTOPHER E BISCAYNE BLDG 19 W FLAGLER ST MIAMI, FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHRISTOPHER BENJAMIN 610 NW 183 ST, STE. 201 MIAMI GARDENS, FL 33169	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 6/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #