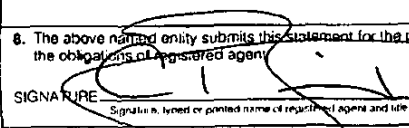
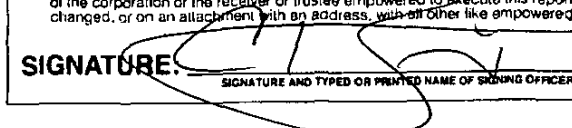


FILED
Jun 07, 2005 8:00 am
Secretary of State

05-23-2005 90008 003 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000023466			
1. Entity Name THE BARRISTER GROUP, P.A.			
Principal Place of Business BISCAYNE BLDG 19 W FLAGLER ST MIAMI, FL 33130		Mailing Address BISCAYNE BLDG 19 W FLAGLER ST MIAMI, FL 33130	
2. Principal Place of Business 610 NW 183 ST. SUITE 201 MIAMI GARDENS, FL 33169 USA		3. Mailing Address ← SUITE, APT. #, etc. City & State MIAMI GARDENS, FL Zip 33169 Country USA	
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 CHRISTOPHER BENJAMIN, ESQ 610 NW 183 STREET SUITE 201 MIAMI GARDENS FL 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 		DATE 5/17/05	
FILE NOW!!! FEE \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
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)(f), 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 or other like empowered.			
SIGNATURE 		DATE 6/4/05	