

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000033533		
1. Entity Name BARASCAL CORP.		

**FILED  
Aug 25, 2005 8:00 am  
Secretary of State**

08-25-2005 90002 009 \*\*\*150.00

Principal Place of Business 6350 BIRD ROAD MIAMI, FL 33155	Mailing Address 6350 BIRD ROAD MIAMI, FL 33155 US
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**50063342**

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08122005 Chg-P CR2E034 (10/03)

4. FEI Number <b>34-1980034</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  SCALIA, DAVID E 6350 BIRD ROAD MIAMI, FL 33155		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		<b>FL</b> Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005** **9. Election Campaign Financing**  **\$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	P SCALIA, DAVID E 6350 BIRD ROAD MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **8/18/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_