2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068548

Entity Name: BAR B ENTERPRISE CORP.

FILED Aug 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

540 BRICKELL KEY DRIVE 808 BRICKELL KEY DRIVE

APT. 1223 APT. 3505 MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

540 BRICKELL KEY DRIVE 808 BRICKELL KEY DRIVE

APT. 1223 APT. 3505 MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 20-1166221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 RODRIGUEZ, DANIEL M
 JIMENO, FERNANDO

 7560 S.W. 67TH ST.
 6135 NW 167 STREET

 MIAMI, FL 33143 US
 SUITE E-8

 MIAMI, FL 33015 US

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.

SIGNATURE: FERNANDO JIMENO 08/15/2005

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: BERMUDO, BARBARA Name: BERMUDO, BARBARA

Address: 540 BRICKELL KEY DRIVE APT. #1223 Address: 808 BRICKELL KEY DRIVE APT. #3505

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: VD () Delete Title: () Change () Addition

 Name:
 BERMUDO, GUSTAVO
 Name:

 Address:
 540 BRICKELL KEY DRIVE APT. #1223
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 BERMUDO, MAGALY
 Name:

 Address:
 540 BRICKELL KEY DRIVE
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BERMUDO PD 08/15/2005