

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068548

FILED
Jun 01, 2006
Secretary of State

Entity Name: BAR B ENTERPRISE CORP.

Current Principal Place of Business:

808 BRICKELL KEY DRIVE
APT. 3505
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

808 BRICKELL KEY DRIVE
APT. 3505
MIAMI, FL 33131

New Mailing Address:

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

Name and Address of Current Registered Agent:

JIMENO, FERNANDO
6135 NW 167 STREET
SUITE E-8
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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: _____

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:

Title: PD () Delete
Name: BERMUDO, BARBARA
Address: 808 BRICKELL KEY DRIVE APT. #3505
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: BERMUDO, GUSTAVO
Address: 540 BRICKELL KEY DRIVE APT. #1223
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: BERMUDO, MAGALY
Address: 540 BRICKELL KEY DRIVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BERMUDO, MAGALY
Address: 540 BRICKELL KEY DRIVE #1223
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

06/01/2006

Electronic Signature of Signing Officer or Director

_____ Date