


Update address 6/1/06

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P04000161764

1. Entity Name
BARNES & SIMMONS, P.A.



FILED

06 JUN -8 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6710 MAIN ST - STE 237
MIAMI LAKES, FL 33014

Mailing Address
6710 MAIN ST - STE 237
MIAMI LAKES, FL 33014



2. Principal Place of Business
6175 NW 153 ST
Suite, Apt. #, etc.
#400

3. Mailing Address
6175 NW 153 ST
Suite, Apt. #, etc.
#400

06012006 Chg-P CR2E034 (11/05)

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

4. FEI Number
42-1653159

Applied For
 Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

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

6. Name and Address of Current Registered Agent
BARNES, DOUGLAS W
6710 MAIN ST - STE 237
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent
Name: Douglas W. Barnes
Street Address (P.O. Box Number is Not Acceptable): 6175 NW 153 Street
#400
City: Miami Lakes FL Zip Code: 33014

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: Douglas W. Barnes, President Douglas W. Barnes DATE: 6/1/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, DOUGLAS W 1955 NE 117TH RD N MIAMI, FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DC 6/12

000076385130
06/20/06--01038--015 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Douglas W. Barnes, President Douglas W. Barnes DATE: 6/1/06 DAYTIME PHONE: 305 875-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR