

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90029 012 ***150.00

DOCUMENT # P06000147499

1. Entity Name
THE SUSAN BARI COMPANY: IMAGINE, PLAN, EXECUTE



Principal Place of Business
401 E. LOS OLAS BLVD.
~~#1450~~ ~~#1400~~
FORT LAUDERDALE, FL 33301

Mailing Address
401 E. LOS OLAS BLVD.
~~#1450~~ ~~#1400~~
FORT LAUDERDALE, FL 33301

60045439



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5982939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARI, SUSAN P
401 E. LOS OLAS BLVD.
~~#1450~~ ~~#1400~~
FORT LAUDERDALE, FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Susan Bari

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/2008

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
CEO
BARI, SUSAN
17394 ANTIGUA POINT WAY
BOCA RATON, FL 334871004

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Susan Bari
347N New River Drive, E, 33104

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Fort Lauderdale, FL 33301

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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.

Susan Bari

7/12/2008

954-332-2457