

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000007332

1. Entity Name
BARRIE TAPE WAREHOUSE, INC.



Principal Place of Business
8889 SHOAL CREEK LANE
BOYNTON BEACH, FL 33437 US

Mailing Address
8889 SHOAL CREEK LANE
BOYNTON BEACH, FL 33437 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

KOSSACK, ROCHELLE
8889 SHOAL CREEK LANE
BOYNTON BEACH, FL 33437

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME KOSSACK, ROCHELLE P
STREET ADDRESS 8889 SHOAL CREEK LN
CITY-ST-ZIP BOYNTON BEACH, FL 33437

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE T Delete
NAME KOSSACK, IRWIN
STREET ADDRESS 8889 SHOAL CREEK LN
CITY-ST-ZIP BOYNTON BEACH, FL 33437

Change Addition
TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

Change Addition
TITLE Delete
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CITY-ST-ZIP Delete

Change Addition
TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05

363-2176

Daytime Phone #

04-25-2005 90309 008 ***150.00

50043843



02242005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0372391	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

FL Zip Code