

# 2004 FORM 1000 TRUST CORPORATION ANNUAL REPORT

PS 1082

DOCUMENT # P94000023376

1. Entity Name  
SIGN BROKERS UNLIMITED, INC.



FILED

OCT 15 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**

Principal Place of Business  
6505 S.W. 164TH AVENUE  
MIAMI, FL 33193

Mailing Address  
6505 S.W. 164TH AVENUE  
MIAMI, FL 33193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0497258

Applied For

Not Applicable

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

SMITH-BARICHAK, KAREN  
6505 S.W. 164TH AVENUE  
MIAMI, FL 33193

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SMITH-BARICHAK, KAREN  
STREET ADDRESS 6505 S.W. 164TH AVENUE  
CITY - ST - ZIP MIAMI, FL 33193

TITLE D ☐ Delete  
NAME BARICHAK, DON J JR.  
STREET ADDRESS 6505 S.W. 164TH AVENUE  
CITY - ST - ZIP MIAMI, FL 33193

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
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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:

Karen Smith-Barichak - Director - 10/11/2004 305-380-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PS 292

**SIGN BROKERS UNLIMITED**  
**6505 S.W. 164 Avenue**  
**Miami, Florida 33193**

October 13, 2004

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Dear Sirs:

Please be informed that our annual report form was not received. We moved two years ago and during the first year we were receiving the mail at a postal facility. Since we have been receiving the mail at 6505 S.W. 164 Avenue there are many things we either receive in error or we do not receive at all. I have made several complaints to the post office.

As soon as I received the notice of dissolution I sent the report which I had printed from the internet. From your letter (attached) I found out that the report was incomplete. Please accept my apologies for any inconvenience.

If you have any questions, please call me at 786-326-9049.

Sincerely,



Karen Barichak  
Director