2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # P94000054824 BARBARO EQUIPMENT LEASING, INC. Principal Place of Business Mailing Address 2017 S.W. 28TH TERRACE FT. LAUDERDALE FL 33312 2017 S.W. 28TH TERRACE FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0520572 Not Applicable Zip Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKERBLOM, JEANNE B Street Address (P.O. Box Number is Not Acceptable) 2017 S.W. 28TH TERRACE FT. LAUDERDALE FL 33312 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F Delete Change ☐ Addition AKERBLOM, JEANNE B NAME NAME U00000060856 STREET ADDRESS 2017 S.W. 28 TERRACE STREET ADDRESS 02/23/04-80057-002 158.75 FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete THE Change ☐ Addition MAME AKERBLOM, JEANNE B NAME STREET ADDRESS 2017 S.W. 28 TERRACE STREET ADDRESS CITY - ST - ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE VD ☐ Delete TITLE Change ☐ Addition NAME AKERBLOM, CARL E NAME STREET ADDRESS 2017 SW 28 TERR STRUCT ADDRESS CITY - ST - ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

L E- AKERBLOW

FILED