2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 26, 2007 8:00 am **Secretary of State** DOCUMENT # P94000090881 1. Entity Name 03-26-2007 90045 044 ***150.00 BARCHAR SALES, INC. Principal Place of Business Mailing Address 777 N.W. 72ND AVE. 777 N.W. 72ND AVE. STE 2AA48 STE 2AA48 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 777 NW 72nd AVE 777 NW Suite, Apl. #, etc. Suite Apt. #, etc. 01302007 CR2E034 (12/06) Ste: 213 <u>ste:</u> City & State City & State 4. FEI Number Applied For M Lani miceni 65-0565368 Not Applicable 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 Barbara erman SILBERMAN, BARBARA (P.O. Box Number is Not Acceptable) 777 N.W. 72ND AVE. STE 2AA48 MIAMI, FL 33126 122 8. The above named entity submit this state net 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 registy ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPVS** TITLE TITLE DPVST ☐ Delete X Change ☐ Addition Silberman, Barbara NAME SILBERMAN, BARBARA 777 NW 72nd AVE. Ste. 2133 STREET ADDRESS 777 N.W. 72ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 City - St - ZiP TITLE X Delete TITLE Change ☐ Addition SILBERMAN, BARBARA NAME NAME 777 N.W. 72ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete 31TLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental eport 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 trustile 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 applicase, with all differ like empowered.

FILED

Daytime Phone #