

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90054 007 \*\*\*150.00

**DOCUMENT # P95000061671**

1. Entity Name  
**ROBERT I. BARRAR, P.A.**



Principal Place of Business      Mailing Address

4141 NE 2ND AVE      4141 NE 2ND AVE  
 203A      203A  
 MIAMI, FL 33137 US      MIAMI, FL 33137 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

*6619 S. Dixie Hwy*      *6619 S. Dixie Hwy*

Suite, Apt., #, etc. *311*      Suite, Apt., #, etc. *311*

City & State      City & State

*Miami Fla*      *Miami, Fla*

Zip      Country      Zip      Country

*33143*      *USA*      *33143*      *USA*



03022007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**65-0628585**      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

**BARRAR, ROBERT I**  
 4141 NE 2ND AVE  
 SUITE 203A  
 MIAMI, FL 33137

Name      *Robert I. Barrar*

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

*13402 SW 57th Ct*

City      *Miami*      FL      Zip Code      *33156*

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: *Robert I. Barrar*      *Robert I. Barrar pros*      *3-2-07*

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRAR, ROBERT I 4141 NE 2ND AVE SUITE 203A MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pros.</i> <i>Robert I. Barrar</i> <i>13402 SW 57th Ct Miami, Fla 33156</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vr Pros</i> <i>Robert I. Barrar</i> <i>13402 SW 57th Ct Miami, Fla 33156</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>506</i> <i>Robert I. Barrar</i> <i>13402 SW 57th Ct Miami, Fla 33156</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pros.</i> <i>Robert I. Barrar</i> <i>13402 SW 57th Ct Miami, Fla 33156</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRAR, ROBERT I 4141 NE 2ND AVE STE 203A MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Robert I. Barrar</i> <i>13402 SW 57th Ct Miami, Fla 33156</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Robert I. Barrar*      *Robert I. Barrar pros*      *3-2-07*      (305) 576-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #