
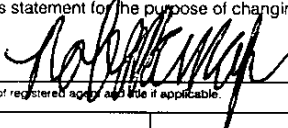
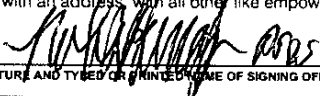


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 4141 NE 2ND AVE 203A MIAMI, FL 33137 US		Mailing Address 4141 NE 2ND AVE 203A MIAMI, FL 33137 US	
2. Principal Place of Business - No P.O. Box # 6619 S. Dixie Hwy		3. Mailing Address 6619 S. Dixie Hwy	
Suite, Apt., #, etc. 311		Suite, Apt., #, etc. 311	
City & State Miami, Fla		City & State Miami, Fla	
Zip 33143		Zip 33143	
Country USA		Country USA	
4. FEI Number 65-0628585		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRAR, ROBERT I 4141 NE 2ND AVE SUITE 203A MIAMI, FL 33137		7. Name and Address of New Registered Agent 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 Pros 3-2-07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	Pros. Robert I. Barrar 13402 SW 57th Ct Miami, Fla 33156 <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	V. Pros Robert I. Barrar 13402 SW 57th Ct Miami, Fla 33156 <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	S. Pros Robert I. Barrar 13402 SW 57th Ct Miami, Fla 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 3-2-07 (305) 576-5600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			