

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000080320

1. Entity Name
BARCLAY COLOR GROUP, INC.



Principal Place of Business
**800 E. HALLANDALE BEACH BLVD. STE 27
HALLANDALE, FL 33009**

Mailing Address
**P.O. BOX 840008
PEMBROKE PINES, FL 33084**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0617217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SARACENO, DOROTHY
2101 NW 85TH WAY
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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
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

TITLE	VP
NAME	TAGLIONE, JOSEPH
STREET ADDRESS	2101 NW 85TH WAY
CITY- ST- ZIP	PEMBROKE PINES, FL 33024
TITLE	P
NAME	DAVIS, GERALDINE
STREET ADDRESS	2101 NW 85 WAY
CITY- ST- ZIP	PEMBROOK PINES, FL 33024
TITLE	ST
NAME	SARACENO, DOROTHY
STREET ADDRESS	2101 NW 85TH WAY
CITY- ST- ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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04/26/07-80069-007 150.00

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:

D. Saraceno **04/12/07**
D. SARACENO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-455-0440