


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000032089  
 1. Entity Name  
 BARJOR CORPORATION



Principal Place of Business      Mailing Address  
 1845 BAY ROAD      1845 BAY ROAD  
 MIAMI BEACH, FL 33139      MIAMI BEACH, FL 33139

**DO NOT WRITE IN THIS SPACE**



03142005    No Chg-P    CR2E034 (10/03)


4. FEI Number      Applied For  
 65-0659140      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SMULSKI, JORGE  
 6039 COLLINS AVE #626  
 MIAMI BEACH, FL 33140

**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:       DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

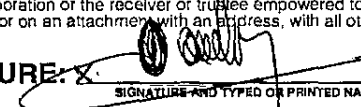
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMULSKI, JORGE
STREET ADDRESS	6039 COLLINS AVE # 636
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/09/05-80015-011 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       **Jorge O Smulski**      Date      (305) 5317600

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