

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032089

Entity Name: BARJOR CORPORATION

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

1845 BAY ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1845 BAY ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0659140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMULSKI, JORGE
16425 COLLINS AVE
APT 312
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMULSKI, JORGE
Address: 16425 COLLINS AVE #312
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARBIERI, CARLOS R
Address: 16425 COLLINS AVE #312
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP () Change (X) Addition
Name: SMULSKI, JORGE
Address: 16425 COLLINS AVE #312
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE SMULSKI

VP

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date