

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000085373

1. Entity Name
ARNOLD BARBARA & ASSOCIATES, P.A.



Principal Place of Business
8500 SW 8TH STREET
SUITE 204
MIAMI, FL 33144

Mailing Address
8500 SW 8TH STREET
SUITE 204
MIAMI, FL 33144

FILED
Jun 13, 2008 08:00 AM
Secretary of State



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0793390

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD, BARBARA
8500 SW 8TH STREET
SUITE 204
MIAMI, FL 33144

**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 Arnold R. Barbars

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-23-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARNOLD, BARBARA R
8500 SW 8 STREET SUITE 204
MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000953110
06/13/08-80003-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Arnold R. Barbars

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/23/08 305 261-8000